



NAAMA MI
 NATIONAL ARAB AMERICAN MEDICAL ASSOCIATION
 MICHIGAN CHAPTER

Scholarship Program Application Form

Academic Year

Name	
Date	
Mailing Address	
Phone Number	
Cell Phone Number	
Email Address	

**I respectfully submit this Application for a NAAMA-MI Scholarship Award.
 I have included the following documents:**

Please place an X in the appropriate box	
	This application Form
	My Personal Statement
	Curriculum Vitae signed and updated on the following date
	Evidence of continued enrollment in good standing in a Michigan university
	I am a GRADUATE student in the following health field
Applicant's Signature	