

The Miller-Lawrence Medical & Dental Society And Foundation

2020 Scholarship Application

Deadline : 10/16/2020

The Miller-Lawrence Medical & Dental Society And Foundation provides scholarships to medical and dental students who are enrolled in medical and dental schools in California. These awards serve to recognize medical and dental students who embrace the society's ideals as represented in our mission statement:

- To promote public health and to improve the general welfare of the community with particular emphasis upon minorities and the disadvantaged.
- To enhance the quality of medical and dental health services with an emphasis on preventative measures including health.
- To encourage and promote effective and appropriate health education activities for both families and health professionals.
- To develop a more cohesive and effective community of health professionals
- To increase access to care.
- To encourage and stimulate our youth to become healthcare professionals and advocates in our community.
- To eliminate disparities in health care.

We have enclosed the scholarship application. To qualify for consideration, please note the following requirements:

1. Applicants must be in good academic standing at a medical or dental school in California.
2. All applications must be complete including: the contact information sheet, a typed personal statement (400-600 words) and a 4x6" head and shoulder photograph for inclusion in the final program. (approx 1200px by1800px)
3. Application deadline is 10/16/2020 .

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Applicant Information

Personal Information

Please Type Or Print Cleary

Full Name: _____
Last Middle First

Address: _____
Street Address APT #

City State ZIP Code
Phone number () - Alternative number () -

School E-mail Address: _____

Would like us to stay in touch with you for mentoring/networking opportunities? Yes

Permanent/Post-Graduate E-mail Address: _____

School: _____

Projected Graduation Date: _____

Field of interest: _____

Permanent Address: _____

Street Address Apt/Unit #

City State ZIP Code

Please submit the following documents with your application:

- 1) *Cover page with correct information*
- 2) *Curriculum Vitae / Resume*
- 3) *Personal Statement*
- 4) *4x6" Head and Shoulder Photograph*

THE COMPLETED APPLICATION & REQUIRED

DOCUMENTS MUST BE RECEIVED BY:

10/16/2020

Return completed application and supporting documents to:
The Miller-Lawrence Medical & Dental Society And Foundation

P.O. Box 19006
Long Beach, CA 90807-9006
(562) 682-2098 / millerlawrencemail@gmail.com
<http://www.millerlawrence.org>