

# The Miller-Lawrence Medical & Dental Society And Foundation

## 2020 Scholarship Application

**Deadline : 10/1/2023**

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 10/1/2023 .

# The Miller-Lawrence Medical & Dental Society And Foundation 2023 Scholarship Application

**Deadline : 10/1/2023**

## 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 ( ) -*

**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:**

**10/1/2023**

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>