



# 2019 CAMS Scholarship Application Instructions

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## DEADLINE

All applications and supplemental materials must be received by March 31, 2019 11:59 PM EST.

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## ELIGIBILITY

The scholarship is open to all first, second and third year medical or dental students. Students must be in good standing at an accredited U.S. medical or dental school in the USA at the time of application. Students that have just been accepted into medical school or dental school at the time of application are not eligible to apply for this year's scholarship.

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## FORMAT

All supporting documents submitted directly from the applicant should be typed single spaced in Times New Roman Font Size 12. Page Margins should be 1" for top, bottom, left, and right margins. Please do not use page borders or text boxes.

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## SUBMISSION

### BY EMAIL

Email is the preferred method of submission for applications. The committee asks that all applications and supporting materials be sent as a single PDF file and emailed to [scholarship@camsociety.org](mailto:scholarship@camsociety.org)

Please include the applicant's **full name and CAMS Scholarship 2019** in the Subject Line of the email when submitting the application.

The file name for your application should be:

**Applicant's Last Name, Applicant's First Name CAMS Scholarship2019.pdf**

Any supplemental documents such as letters of recommendations that are to be sent separately by the recommenders should **have the applicants name as part of the file name and in the subject line of the email.**

The file name for all separate letters of recommendation should be submitted as follows:

**Applicant's Last Name, Applicant's First Name LOR Author's Last Name**

For any questions related to the scholarship please call (212) 334-4760 or visit <http://camsociety.org/scholarship>

# 2019 CAMS Scholarship Application Checklist



All applications submitted electronically should be sent as a single PDF file in the following order:

## Required Documents Checklist

- 1. Completed and Signed Application Form *Unsigned Applications will not be accepted.*
- 2. Applicant's Curriculum Vitae
- 3. A letter from the Dean of Students or Registrar's Office verifying that the applicant is in good standing\*
- 4. Letter of Recommendation #1\*
- 5. Letter of Recommendation #2\*

*\*Please be advised that all letters of recommendation should be on official letterhead and accompanied by an actual signature. The letter can be scanned and emailed to us directly. All other formats will not be accepted. Letters will not be accepted without an actual signature.*

*Please also note that the Letter of Good Standing must be separate from the Letters of Recommendation and must be accompanied by an actual signature.*

## FINANCIAL NEED CONSIDERATION CHECKLIST (Optional)

- 1. A completed and signed Financial Need Consideration Application Supplement Form
- 2. A copy of the applicant's latest 1040 Tax Return. If the applicant is a dependent, a copy of the applicant's parent's 1040 Tax Return is required. If there is no 1040 Tax Return, the applicant must submit a written statement to the fact.
- 3. A letter from the applicant's Dean, Professor, or Financial Aid Office supporting their claim for financial need.
- 4. A letter or official document from the financial aid office of the medical school stating the amount of scholarships grants and loans the applicant received in 2018-2019

For any questions related to the scholarship please call (212) 334-4760 or visit <http://camsociety.org/scholarship>

*The deadline to submit your application is March 31, 2019 11:59 PM EST.*

# 2019 CAMS Scholarship Application



The deadline to submit your application and all supplemental materials is March 31, 2019 11:59 PM EST.

## PART A: APPLICANT'S INFORMATION

Mr.  Miss  Ms.  Mrs.  Other \_\_\_\_\_

Last Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Home Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Effective Date From: \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_  
Chinese Name (If applicable) \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
To: \_\_\_\_\_  
Email \_\_\_\_\_

## PART B: EDUCATION

MS1  MS2  MS3

Medical/Dental School \_\_\_\_\_  
School Address \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_  
City, State ZIP \_\_\_\_\_

Graduate School \_\_\_\_\_  
School Address \_\_\_\_\_  
Degree Earned \_\_\_\_\_

City, State ZIP \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

Undergraduate College \_\_\_\_\_  
School Address \_\_\_\_\_  
Degree Earned \_\_\_\_\_

City, State ZIP \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

High School \_\_\_\_\_  
School Address \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

City, State ZIP \_\_\_\_\_

## PART C: ADDITIONAL INFORMATION

Have you previously applied for the CAMS Scholarship?  Yes  No

If yes, what year(s)? \_\_\_\_\_

Have you ever been awarded a CAMS Scholarship?  Yes  No

If yes, what year? \_\_\_\_\_

Are you a member of the Chinese American Medical Society?  Yes  No  Application Pending

Are any of your relatives members of the Chinese American Medical Society?  Yes  No

If Yes, what is their name? \_\_\_\_\_

Has any other member of your family received a CAMS Scholarship?  Yes  No

How did you hear about this scholarship?  CAMS Website  CAMS Email  CAMS Student Representative  
 CAMS Member  CAMS Staff  Other: \_\_\_\_\_

Please check here if you letter of recommendations will be sent directly to CAMS by the Author

Letter of Recommendation #1 will be sent by: \_\_\_\_\_

Letter of Recommendation #2 will be sent by: \_\_\_\_\_

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**PART D: PERSONAL STATEMENT (500 Words or Less)**

Please enter your personal statement in the space provided.

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**PART F: SIGNATURE**

I certify that the information provided on this form is true to the best of my knowledge.

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Signature

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Date

# 2019 CAMS Scholarship Application



## FINANCIAL NEED CONSIDERATION APPLICATION SUPPLEMENT

The deadline to submit your application and all supplemental materials is March 31, 2019 11:59 PM EST.

### APPLICANT'S INFORMATION

Mr.  Miss  Ms.  Mrs.  Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Chinese Name (If applicable) \_\_\_\_\_

Medical/Dental School \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

**Father's Name** \_\_\_\_\_

Place of Birth \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Place of Birth \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_

Do you have any siblings?  Yes  No

If yes, how many and what are their ages?

Number of Siblings \_\_\_\_\_

Ages \_\_\_\_\_

### FINANCIAL INFORMATION

Applicant's Current Outstanding Undergraduate Loans \_\_\_\_\_

Applicant's Current Outstanding Graduate/Professional Education \_\_\_\_\_

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## STATEMENT OF FINANCIAL NEED

*Please explain to the committee your current financial status and how you would benefit from being awarded a scholarship.  
500 Words or less*

Please enter your statement of financial need in the space provided.

## PART F: SIGNATURE

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I certify that the information provided on this form is true to the best of my knowledge.

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Signature

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Date