18th ANNUAL CROSS CULTURAL MEDICINE WORKSHOP

SANTA FE, NEW MEXICO
APRIL 22 - 25, 2010

Medical Student Scholarship Application

ASSOCIATION OF AMERICAN INDIAN PHYSICIANS (AAIP)
1225 Sovereign Row, Suite 103
Oklahoma City, OK 73108

Phone: 405-946-7072
Fax: 405-946-7651

E-Mail: lmyers@aaip.org

Name: ______________________________
Last First Middle

Social Security Number:
☐☐☐-☐☐-☐☐☐☐

Sex: ☐ Male ☐ Female

Date:

Date of Birth: Age:

US Citizen: ☐ Yes ☐ No ☐ Other: _______

Permanent Address

____
____
____
Phone: ______________________________
E-Mail: ______________________________

Current Address

____
____
____
Phone: ______________________________
E-Mail: ______________________________
Fax: ______________________________

Closest Major Airport: ______________________________
____

School

- ☐ High School
- ☐ College/Post-Secondary, Name of school____________________

Major: ______________________________

School Year

☐ FR ☐ JR ☐ Other_______
☐ SO ☐ SR

Martial Status

☐ Single
☐ Married
☐ Divorced
☐ Other

Dependents

Name	Age

TRIBAL AFFILIATION AND FAMILY BACKGROUND

Place of Birth

____
City State

☐ Rural ☐ Reservation ☐ Urban

Tribe(s): ______________________________

Blood Quantum:
☐ 4/4 ☐ 3/4 ☐ 1/2 ☐ 1/4
☐ Less than 1/4 ________________

Tribal Language

Speak	Understand
☐ Yes	☐ Yes
☐ Some	☐ Some
☐ None	☐ None

Tribal Enrollment

☐ Self ☐ Grandmother
☐ Mother ☐ Grandfather
☐ Father ☐ Other:

Parents' Occupation

Father's: ______________________________

Mother's: ______________________________

Education - Academics

Professional School Attending: ______________________________

Date of Graduation: _______/______ Anticipated Degree: ______________________________

Name of Post-Secondary schools	Dates Attended		Completed Yes or No	Diploma or GED/Year Rec'd.	Major Field of Study
	From	To			

HEALTH PROFESSIONS ENTRANCE TEST SCORES OR INDICATE DATE (S) SCHEDULED TO TAKE TEST.

- ☐ MCAT Score:_______ Date: _______ Other: ___________________________
- ☐ DAT Score:________ Date: _______ ___________________________
- ☐ PAT Score:________ Date: _______ ___________________________
- ☐ OAT Score: _______Date: _______ ___________________________

List Awards, Honors, or Special Achievements (Including Any Scholarships or Fellowships Received)

Name of Award/Honor	Date Received	Organization From Which Received	Reason

Please List Volunteer Work, Hobbies, Clubs, Sports, or Other Curricular Activities:

____

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____

____

Are you interested in receiving information regarding research opportunities?

- ❑ National Institutes of Health (NIH) Research Training Opportunities
- ❑ Spirit of EAGLES Mayo Clinic Research Training Program
- ❑ National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK)

ADDITIONAL QUESTIONS

In what Health Profession are you most interested and why? ______________________________

What, if any, is your biggest concern or barrier to your present program of study?

What are your career goals? ____

Explain how these career goals will help meet the health needs of Indian people. ____________

Additional Comments or Questions? ____