



## KAMA SCHOLARSHIP APPLICATION FORM

1. Name: \_\_\_\_\_

2. Gender (circle):        M / F

3. Date of Birth: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City                      State                      Zip Code

6. Phone Number: \_\_\_\_\_ (home)                      \_\_\_\_\_ (mobile)

7. E-Mail Address: \_\_\_\_\_                      Dates Attended

8. Undergraduate School \_\_\_\_\_                      to \_\_\_\_\_

9. Graduate School \_\_\_\_\_                      to \_\_\_\_\_

10. Medical School \_\_\_\_\_                      to \_\_\_\_\_

**11. Honors and Awards**

**12. Please attach a current curriculum vitae**

**13. Peer-reviewed publications (list or attach separately)**

**14. Please answer the following (attach a separate file of no more than 500 words):**

**a. What challenges exist for Korean-American physicians?**

**b. What do you propose to do if awarded the KAMA scholarship?**

**15. Please request 2 letters of recommendation with at least 1 must be from a faculty member from your medical school.**

**16. Please forward a copy of your medical school transcript.**

**Forward all application materials by mail and/or email to:**

**KAMA Scholarship Committee**

**KAMA Central Office**

**40 Bennett Rd.**

**Englewood, NJ 07631**

**[Kamausa2001@yahoo.com](mailto:Kamausa2001@yahoo.com)**

**Thank you for your application.**