



## WHITETULIP HEALTH FOUNDATION SCHOLARSHIP APPLICATION

### BRIEF EXPLANATION FOR CONSIDERATION

The Scholarship Selection Committee gives careful consideration to the financial needs of applicants, as well as academic achievement and future goals. Explain why you need this assistance and should be considered for this scholarship.

### CONFLICT of INTEREST

Are you a member of Whitetulip Health Foundation                      Yes / No

Are you relative to any member of Whitetulip Health Foundation Board or any member of Selection Committee                      Yes / No

If yes, please identify the Board member and relationship \_\_\_\_\_

### ADDITIONAL DOCUMENTS

Please check if you submit the following documentation in addition to this application

- Up-to-Date CV
- A recent photo
- Transcript (including the grading scale) from current/graduated medical institution
- Diploma from the most recently attended medical institution
- USMLE or other U.S. equivalent exam scores of the profession
- If applicable an acceptance letter of the position that the scholarship will be used for

Please sign, scan and email this application form together with all other documents listed above to  
[scholarship@whitetulip.org](mailto:scholarship@whitetulip.org)

### SIGNATURES

I, the applicant, certify that the information in this application is complete and correct to the best of my knowledge and in the event I am awarded a scholarship, all funds will be used to further my medical education and or career.

Signature of applicant:

Date: