

LOS ALAMOS/RIO ARRIBA MEDICAL SOCIETY

Los Alamos Medical Care Clinic

3917 West Road, Suite 150

Los Alamos, NM 87544

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Alternate Address C/O _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Date of Birth _____

Social Security Number _____

Sunflower First National 1870 Wealth Management must report all trust disbursements to the Internal Revenue Service, thus your social security number is required. Applications without this information will not be considered.

Are you currently enrolled in medical school? Yes _____ No _____

If not, are you currently enrolled in college? Yes _____ No _____

Name of school _____

Year of Graduation _____

Rank in Class or Quartile _____

Estimated expenses: Tuition & Books _____ Room & Board _____ Other _____

How long did you reside in Los Alamos or Rio Arriba County? _____

Please attach a copy of your medical school transcript (if currently a medical student) or your most recent college transcript if you are accepted but haven't started.

Please attach a letter discussing your connection to Los Alamos or Rio Arriba county, current medical studies (if in medical school), your plans or areas of interest within medicine, and your extracurricular activities related to medicine or community service.

Submit by August 5th, 2020 to Lori Whitley, MD, Attn: Scholarships, 3917 West Rd Suite 150, Los Alamos, NM 87544