

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 3th, 2022 to Lori Whitley, MD, Attn: Scholarships, 3917 West Rd Suite 150, Los Alamos, NM 87544.