



Arab American Medical Association Houston Chapter

John P. McGovern Building
1515 Hermann Drive
Houston, Texas 77004-7126

Phone: (713) 524-4267
Fax: (713) 526-1434
Website: www.aama-houston.org

Scholarship Application

Candidate Information

Name: _____

Address: _____

Email: _____

Daytime Phone: _____

Social Security Number: _____

School Attending: _____

Current Year: _____ Specialty: _____

Date of planned electives: _____

School/Institution where electives will take place: _____

Each candidate needs to submit:

- An updated curriculum vitae
- A complete application form (including an essay describing how training (elective) in the U.S. or financial assistance will help fulfill future plans.)
- Letter of acceptance of the activity from the guest institution
- Two letters of recommendations from current instructors and transcripts (proof of good standing in either medical school or residency program.)
- Current member of NAAMA

Mail or [email](#) the completed application to the AAMA Houston Office