



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

Medical Student – Houston Scholarship Application

Candidate Information

Name: _____

Address: _____

Email: _____

Daytime Phone: _____

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.)
- A letter verifying enrollment in medical/healthcare institution or school.
- A letter of acceptance for proposed elective training from the accepting institution
- Two letters of recommendation from current instructors or previous college. The letters need to be written within the last 3 years prior to the application date.

Mail or [email](#) the completed application along with the required information to the administrative office.