



SILAMP

SILAMP Scholarship Application 2018-2019

Name _____

Career in Healthcare Studying _____

School Attending _____

Latino American Background _____

Community Work or Research _____

Please Submit:

- An academic letter of recommendation
- A personal letter of recommendation
- CV
- An essay "Why I chose to study medicine."
- Your transcripts
- Your email address
- Your birthday
- Your home number
- Your cell number
- Your mailing address
- Your GPA

Please submit your application to SILAMP: SILAMP1991@gmail.com

