



NAAMA
Education, Leadership, Philanthropy

SEND THE PRINTED APPLICATION WITH THE FOLLOWING FILES TO NAAMA@NAAMA.COM

NAAMA NextGen Scholarship Grant

NAAMA Foundation is proud to support four students accepted into medical school (three students) and dental school (one student) with \$5,000 per year, which cannot be renewed.

Criteria to be included in NAAMA NextGen Scholarship application:

Applicant data:

First name: _____ Middle name: _____ Last name: _____

Date of Birth: MM/DD/YY _____

Gender: FEMALE MALE

Current Address:

STREET _____

CITY _____ STATE _____ ZIP CODE _____

Email _____ Phone Number _____

Conflict of interest:

Are you related to any NAAMA Board of Directors or staff? Yes No

Have you received this award before? Yes No

Educational data:

Undergraduate University attended: _____

Graduation date: MM/DD/YY_____

Cumulative Undergraduate GPA: _____

References:

Please list the names, titles and emails of two individuals who will provide your letters of recommendation

NAME _____ EMAIL _____ PHONE _____

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- Photograph
- Latest official transcript
- Letters of recommendation (minimum of 2 required)
- Evidence of community service
- Resume/CV
- Essay: How has being an Arab American impacted your path to medical/dental school and how do you plan to use your medical/dental degree to uplift your community? (120 words max)
- Statement of financial need
- Proof of acceptance into Medical/ Dental School

DATE _____

SIGNATURE _____