Wilkinson UNM Medical School Scholarship Rotary Club of Albuquerque

2017 Application: Due by 5:00PM, Friday, October 27, 2017

| | STUDENT PER | SONAL INFORMATION | |
|--|---|--|--|
| Name: | | UNM ID# | |
| Street Address: | | | |
| City: | | State: | Zip: |
| Phone Number: | | E-mail: | |
| | Graduating Class of | | |
| in 1942. Dr. Wilkinson vided by the Rotary Cluthrough the Rotary Cluthe Rotary Club of Albu | felt that the only reason he was and of Katy. As a result, Dr. Wilking of Albuquerque to assist future aquerque from 1977 until his dea | able to complete medical school value in the wilkinson UNN physicians with financial need. In the thin 1992. | M Medical School Scholarship Dr. Wilkinson was a member of |
| - | e establishment of the UNM Med | | s President of the Board. He was time to residents both before and |
| EI | IGIBILITY REQUIREMENT | S AND SCHOLARSHIP INFO | ORMATION |
| One page essay (no) | more than 3 paragraphs) described a brief biography - the field of medicine your current financial | you are interested in practicing | |
| • Must be a current 3 | rd Year Medical Student | | |
| 1 applicant will be awarded \$2,500 for the 2017/2018 School Year - awardee will be notified by December | | | |
| Attend meeting at Rotary Club of Albuquerque to accept scholarship award during the month of December, 2017 or January, 2018 | | | |
| • • | • | Salazar1@salud.unm.edu) by 5:00 Ann Singer (asinger@rotaryabq.o | |
| I certify that all informated to the best of my knicial aid status to schola | owledge. I do hereby consent to | as all information attached to this the release of all information co | s application, is true and complet- ncerning my academic and finan- |
| | Signature | | Date |

Please submit application with all required documentation to:

SOM Student Financial Aid MSC08 4700, HSLIC, Room 130 1 University of New Mexico Albuquerque, New Mexico 87131-5166 Telephone (505) 272-8008 Fax (505) 272-8063