

# LECOM SCHOLARSHIP APPLICATION

## LECOM College of Medicine LECOM School of Pharmacy

(Please type or print clearly)

Campus: PA \_\_\_\_ FL \_\_\_\_ SH \_\_\_\_ Grad Year \_\_\_\_\_ Medicine \_\_\_\_ Pharmacy \_\_\_\_

Name of Scholarship: (Please circle all that apply.)

Academic Excellence Scholarship

LECOM Scholarship

Ambassadors Scholarship

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married Number of Dependents \_\_\_\_\_

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**Organization/Club Memberships:** \_\_\_\_\_  
\_\_\_\_\_

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**Professional Commitment:**

Please attach a brief one-page essay describing your commitment to Osteopathic Medicine or Pharmacy and /or to LECOM and the community. Attach a list of your service and volunteer activities.

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Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_