

CATHOLIC MEDICAL ASSOCIATION
MEDICAL STUDENT SCHOLARSHIP APPLICATION

CMA's Annual Educational Conference Medical Student Scholarship covers the majority of costs for a conference registration (\$____.00), which includes presentation, breakfasts and lunches, and the banquet. Students are responsible for the remainder of the registration fee (\$100.00) and for arranging their own travel and accommodations. CMA encourages medical students to work with local CMA guilds in their area to obtain additional funding. Deadline for application is _____.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Phone: _____

Email: _____ CMA MEMBER: Yes: _____ No: _____

Medical School Attending: _____ Graduation Year: _____

Please write a Statement of Support for a scholarship to attend the CMA's Annual Educational Conference and return this form, c/o Executive Director, below:

333 E. LANCASTER AVE. #348, WYNNEWOOD, PA 19096
O: 215-877-9099; F: 215-701-6577; E-MAIL: info@cathmed.org