

1999 AAPM Summer School SCHOLARSHIP APPLICATION

Name: _____

Date Submitted: _____

Address: _____

Have you included:

1. Curriculum Vitae Yes _____ No _____

2. Application Letter Yes _____ No _____

3. Two letters of recommendation
Yes _____ No _____

4. Letter supporting your financial need
Yes _____ No _____

Telephone: _____

5. Have you received a Summer School
Scholarship before?
Yes _____ No _____

Fax: _____

E-mail: _____

Applicable highest graduate degree & field of study: _____ Year Rec. _____

AAPM Membership Status (i.e. Full, Associate, Jr., Student): _____

Year AAPM Membership originated: _____

Years in Clinical Medical Physics practice: _____ To _____

Completed Medical Physics Residency: Yes _____ No _____

Major current clinical activity: Therapy _____ Diagnostic X-ray _____ Nuclear Medicine _____

Please provide the following names and phone numbers:

- **Financial Need Letter**

Sender Name: _____

Phone Number: _____

- **First Letter of Support**

Sender Name: _____

Phone Number: _____

- **Second Letter of Support**

Sender Name: _____

Phone Number: _____

AAPM Headquarters Use Only: Date received: _____ Membership status: _____ SS Registration form rec'd: _____