

2006 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 ___

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

Telephone: _____

Fax: _____

E-mail: _____

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

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

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: _____