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## UMA Foundation Medical Student Scholarship Application

The UMA Foundation offers limited scholarships to medical students who are currently attending medical school in Utah. Limited scholarships are given to students who are members of the Utah Medical Association that submit an application (this sheet) and an essay (300-500 words; next page) about the importance of joining organized medicine and more specifically the Utah Medical Association. The UMA Foundation Board then selects students to receive the scholarship based solely on ranking of the medical student paragraph, the qualifications of participation (UMA membership) and the completeness of the application. There are a limited number of scholarships available. Each scholarship can be used by the student for anything they wish. The scholarships are \$1500 each and the UMA Foundation will award between 14-20 scholarships depending on funds available.

**Please fill in the application below and submit your essay by no later than April 30, 2024.** Submit the application, photo and essay to [michelle@utahmed.org](mailto:michelle@utahmed.org), CC [kelly@utahmed.org](mailto:kelly@utahmed.org). You will receive information about whether or not you receive the scholarship by June 5, 2024. Please ensure that all of your information is correct so we can verify and communicate with you and send you a check if you are chosen for the scholarship. If we do not have the correct information, we will not award a scholarship.

Legal Name \_\_\_\_\_  
Last Name First Name Middle Initial

Permanent Residence/Address \_\_\_\_\_  
Number, Street, and Apartment Number  
\_\_\_\_\_  
City State ZIP

Email address where student can be contacted \_\_\_\_\_

Student phone number \_\_\_\_\_

Utah Medical School student is attending \_\_\_\_\_

First Year of Medical School \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

I, \_\_\_\_\_, certify that I am currently attending \_\_\_\_\_ Medical School in \_\_\_\_\_, Utah. I affirm that this application, including the qualifying paragraph, is my own work. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief. I give permission to the UMA Foundation to verify my information with the medical school. If chosen as a scholarship recipient and awarded, I authorize the Utah Medical Association, on behalf of the Utah Medical Association Foundation, to publish my name and photo.

Date \_\_\_\_\_ Signature \_\_\_\_\_



## UMA Foundation Medical Student Scholarship Application Essay

Member Name

*Not a UMA Member? Must be a member to submit an application. Please join at [www.UtahMed.org](http://www.UtahMed.org).*

*Applicant Photo is Required*

Please submit your essay of 300-500 words about "Joining Organized Medicine and the Utah Medical Association." The deadline to submit an application is April 30, 2024.

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