

# 2004 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: \_\_\_\_\_