



Cambodian Health Professionals Association of America

2017 CHPAA Scholarship Application

Dear Student:

Cambodian Health Professionals Association of America (CHPAA) is a non-profit organization that provides free medical, dental, and surgical services to underserved people of Cambodia, and gives them much needed health education. Here in the US, CHPAA participates in local health events, and awards scholarships to students who aspire to pursue a career in health field. This year, we will offer scholarship of 1000 US dollars to three well deserved recipients. The awards will go to recipients who have demonstrated active involvements in community service, volunteerism, and strong motivation for academic achievements.

In evaluating scholarship applications, consideration will be given to:

- Undergraduate students who are pre-health (pre-med, pre-dental, pre-pharm, pre-nursing or nursing, and other healthcare related fields) in Southern California region
- Volunteer in community services, healthcare organizations.

SELECTION CRITERIA:

Please provide the following:

- Completed application form
- A copy of school transcript
- A copy of your curriculum vitae
- Essay: 500 word (minimum) essay. Tell us about yourself, your personal and career goals, and what contributions you see yourself making to your community.

APPLICATION INSTRUCTION:

- Please scan and send completed application to chamheng@gmail.com and chandaniel@yahoo.com with subject, "CHPAA scholarship"
- Application materials must be postmarked no later than September 15th, 2018.



Cambodian Health Professionals Association of America

2018 CHPAA Scholarship Application

APPLICATION FORM

Date _____

Name

Last

First

Middle

Address

Street

City/Town

Zip

Telephone () _____ Male Female

Primary E-mail: _____

I understand that all information I provide will remain confidential. My signature below certifies that all statements I make in this application and the information I submit to the CHPAA Scholarship Committee are true and complete. I certify that I meet all eligibility requirements as specified in this application and the accompanying instructions. I understand that I may only receive one scholarship administered by CHPAA. I understand that application materials become the property of CHPAA and will not be returned.

I hereby authorize CHPAA to utilize information about and from my application and my likeness in film, video or other media for public relations purposes, publicity or documentary to benefit future recipients or other scholarship opportunities. I will not receive any type of financial compensation associated with the taking or publication of these photographs or their reproduction in other publications, websites, Facebook or other social media. I acknowledge and agree that publication of said photographs confers no rights of ownership or royalties whatsoever.

I agree to hereby release and hold harmless CHPAA, their employees and agents from any reasonable expectation of privacy or confidentiality for myself as well as from any and all liability for any and all claims arising out of or relating to my participation in this event.

Signature

Date