



Established 1982

Association of Black Women Physicians

2014 Rebecca Lee Crumpler, MD Scholarship Application

The *Association of Black Women Physicians* (ABWP) provides Rebecca Lee Crumpler, MD Scholarships to female medical students who are permanent residents of Southern California or enrolled in Southern California medical schools. The awards are based on financial need and academic merit. They also serve to recognize women who embrace the organization's ideals as represented in the following mission statement:

"ABWP is an organized network of Black Women Physicians committed to the improvement of public health and welfare through the advancement of knowledge concerning women and community health. We serve as a philanthropic source of funds to individuals and projects related to the health concerns of underserved communities. We endeavor to enhance the personal and professional quality of life of present and future Black Women physicians."

ABWP begins acceptance of its 2014 scholarship applications on **Monday, July 14, 2014**. To qualify for consideration, please review the following requirements:

1. Applicants must be in good academic standing at a Southern California medical or osteopathic school and/or be a permanent resident of Southern California in good academic standing at any accredited medical or osteopathic school. Proof of residency may be required.
2. All applications must be complete and include the following: academic transcripts, financial aid award letter/verification, medical school acceptance letter or medical school dean's letter of good standing, three (3) letters of recommendation, curriculum vitae, and a typed personal statement.
3. **Application deadline is Friday, September 12, 2014**
4. Incomplete or late applications will not be considered.

If selected, the recipient and/or a representative on her behalf must be present to receive the scholarship award during the November 1, 2014 gala at the W Hotel – Hollywood. Congratulations on your accomplishments thus far. We wish you much continued success and look forward to receiving your application.

For More Information, contact:
abwpcharitybenefit@gmail.com or (310) 321-8688



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Deadline: September 12, 2014

Application Must Be Typed

Name: _____
Last First Middle Initial

Mailing Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Contact Info: _____
Phone Fax E-Mail

Marital Status _____ **Social Security Number** _____

Number of Dependents _____ **Number of Parents' Dependents** _____

Education

	School	Years Attended	Degrees
College			
Graduate			
Medical			

Extracurricular Activities :

Honors and Awards:_____



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PERSONAL STATEMENT

ABWP is committed to the improvement of health care in underserved communities through advocacy, research and the advancement of knowledge in matters pertaining to women and health. Please describe yourself and your involvement in health issues in the space below or one typewritten page. Do **not** use less than an 11-point font and 1 inch margins.



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FINANCIAL DATA

INCOME (annual)

Parents' gross income \$ _____

Expected support from parents \$ _____

Spouse's gross income \$ _____

Grants and scholarships (indicate source) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Loans (indicate source and interest rate) \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL INCOME \$ _____

EXPENSES (12 month school year)

Tuition and fees \$ _____

Mortgage/Rent \$ _____

Health Insurance \$ _____

Transportation \$ _____

Food \$ _____

Clothing \$ _____

Educational supplies (books, microscopes, etc.) \$ _____

Miscellaneous \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES \$ _____



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Please submit the following documents to support your application:

1. Medical school transcripts (Submit college transcripts if just entering medical school)
2. Acceptance letter or letter from the dean of the medical school verifying current academic status
3. Financial aid transcripts
4. Personal Statement
5. Three (3) letters of recommendation
6. Curriculum vitae
7. Passport size picture of applicant emailed in pdf or jpeg format

Submission of image by applicant voluntarily grants consent for reproduction and use of all such photographs, digital images, films and likenesses for publicity purposes in publications, brochures, advertisements, promotional and marketing materials and all other media venues, all without further notice or compensation. Applicant hereby releases to ABWP all proprietary rights and copyrights in all such photographs, digital images, films and likenesses (including negatives, positives and prints) which shall be and remain the property of ABWP

COMPLETED APPLICATIONS & REQUIRED DOCUMENTS
MUST BE RECEIVED BY
Friday, September 12, 2014 at 5:00 PM.

NO EXCEPTIONS will be made for lost or misdirected mail

Return completed application and supporting documents to

A. The Association of Black Women Physicians

Rebecca Lee Crumpler, M.D. Scholarship Committee

4712 Admiralty Way, #175

Marina del Rey, CA 90292

Or

B. abwpcharitybenefit@gmail.com

For More Information, contact abwpcharitybenefit@gmail.com or (310) 321-8688

****Note: Email is the preferred form of communication for questions****