



北美洲台灣人醫師協會基金會-南加分會
North American Taiwanese Medical Association Foundation
Southern California Chapter
7923 Garden Grove Blvd., Garden Grove, CA 92841
Tel: (714) 898-2275 • Fax: (714) 373-2659
www.NATMA.org

2019 NATMA FOUNDATION SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Telephone: Cell Phone _____ Day time _____ Evenings _____

Email: _____

Education (Indicate dates attended and degree obtained)

High School _____

College _____

Medical/Dental/Allied Health School _____

PGY-1 _____

Residency _____

Fellowship _____

Letters of Reference (name and title)

1. _____

2. _____

A. Are you of Taiwanese American descent? Have you been involved in any Taiwanese American or local community activities? (e.g., by increasing understanding of Taiwanese American heritage, developing the TA community and advocating issues pertinent to Taiwanese Americans)?

B. Please propose ways NATMA can increase awareness of the services and benefits that provides its members and the greater community?

C. Honors, Awards, Leadership positions:

D. Research Activities, Publications:

E. Employment, Public Service:

F. Interests, hobbies:
