



***Association of Black Women Physicians***  
***2011 Rebecca Lee, M.D. Scholarship Application***

The *Association of Black Women Physicians* provides the Rebecca Lee, M.D. 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:

*"The 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 the Black community. We endeavor to enhance the personal and professional quality of life of present and future Black Women physicians."*

Enclosed please find the ABWP's Rebecca Lee, M.D. Scholarship application. To qualify for consideration, please review the following requirements:

1. Applicants must be in good academic standing at a Southern California medical school - or - be a permanent resident of Southern California in good academic standing at any medical school. Proof of residency may be required.
2. All applications must be complete including: academic and financial aid transcripts, 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 9th, 2011**
4. Incomplete or late applications will not be considered.

Rebecca Lee, M.D. Scholarship applications are available through your medical school financial aid office or scholarship contact. You may also download copies at [www.blackwomenphysicians.org](http://www.blackwomenphysicians.org).

Congratulations on your accomplishments thus far. We wish you much continued success and look forward to receiving your application.

**For More Information, contact:**  
[abwpassistant@yahoo.com](mailto:abwpassistant@yahoo.com) or (310) 364-1438



***Association of Black Women Physicians***  
**2011 Rebecca Lee, M.D. Scholarship Application**

**Deadline: September 9th, 2011**

**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The Association of Black Women Physicians*  
2011 Rebecca Lee, M.D. Scholarship

**PERSONAL STATEMENT**

The **ABWP** is committed to the improvement of health care in the Black Community through the advancement of knowledge in matters pertaining to women and health. Please describe yourself and your involvement in minority health issues in the space below or one double-spaced typewritten page. Do not use less than an 11-point font.



*Association of Black Women Physicians*  
2011 Rebecca Lee, M.D. Scholarship Application

Deadline: September 9th, 2011

**Financial Data**

**INCOME**

Parents' gross income	\$ _____
Expected support from parents	\$ _____
Spouse's gross income	\$ _____
Grants and scholarships (indicate source)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Loans (indicate source and interest rate)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b><u>TOTAL INCOME</u></b>	\$ _____

**EXPENSES (12 month School Year)**

Tuition and fees	\$ _____
Mortgage/Rent	\$ _____
Health Insurance	\$ _____
Transportation	\$ _____
Food	\$ _____
Clothing	\$ _____
Educational supplies (books, microscopes, etc.)	\$ _____
Miscellaneous	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b><u>TOTAL EXPENSES</u></b>	\$ _____

# *The Association of Black Women Physicians*

## **2011 Rebecca Lee, M.D. Scholarship**

Please submit the following documents with 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 letters of recommendation
6. Curriculum vitae

**THE COMPLETED APPLICATION & REQUIRED DOCUMENTS MUST BE RECEIVED BY FRIDAY, SEPTEMBER 9th, 2011**

**No exceptions will be made for lost or misdirected mail.**

Return completed application and supporting documents to:

*The Association of Black Women Physicians*

*Rebecca Lee, M.D. Scholarship Committee*

4712 Admiralty Way, #175

Marina del Rey, CA 90292



For More Information, contact [abwpassistant@yahoo.com](mailto:abwpassistant@yahoo.com) or (310) 364-1438

**\*\*Note: email is the preferred form of communication\*\***