

AIMC SCHOLARSHIP APPLICATION

Name	Program Start Date
Email	Phone

Please indicate which scholarship you are applying to

MEDICAL PROFESSIONAL (check the appropriate box below)

- | | |
|--|---|
| <input type="checkbox"/> Registered nurse (RN) | <input type="checkbox"/> Naturopath |
| <input type="checkbox"/> Vocational Nurse (VN) | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Nurse Practitioner (NP) | <input type="checkbox"/> Chiropractor |
| <input type="checkbox"/> Medical Doctor (MD) | <input type="checkbox"/> Other (specify): Click here to enter text. |

License #: _____

Entering GPA: _____

Essay (of any length, up to 1000 words). Please address the following question:

How would your previous medical training influence your approach to learning and practicing acupuncture, and how might this benefit your future patients?

MESSAGE THERAPIST

License #: _____

Entering GPA: _____

Essay (of any length, up to 1000 words). Please address the following question:

How would your previous massage training influence your approach to learning and practicing acupuncture, and how might this benefit your future patients?

By signing below, I acknowledge that I have answered all questions truthfully and to the best of my ability. I have read the scholarship conditions/requirements (see "AIMC Scholarship Opportunities"), and understand that my eligibility or award is subject to revocation if I fail to meet any of the conditions.

Signature

Date