



CHINESE AMERICAN DOCTORS ASSOCIATION OF HOUSTON SCHOLARSHIP APPLICATION FORM

The Chinese American Doctors Association of Houston (CADAH) has been awarding scholarships to local medical and dental students for the past several years, approximately five each year. The amount of each scholarship has been between \$1,000-2,000 awarded directly to the student. The scholarship recipients will be announced at the CADAH Annual General Assembly to be held in April 2017.

To qualify, an applicant must be EITHER:

1. A second, third or fourth year student of Chinese descent ($\geq 25\%$) currently enrolled in an accredited medical or dental school located within a 100-mile radius of the Houston area.

OR

2. A child of a CADAH member who is currently enrolled in second, third or fourth year of an accredited medical or dental school located either inside or outside of the Greater Houston area.

* Please note that past recipients of this scholarship are not eligible. Priority is generally given to third or fourth year students.

Applicants must submit all of the following:

1. A completed application form.
2. A signed copy of the Certification of Chinese Descent on the last page of application.
3. A copy of the student's medical/dental school transcripts.
4. Two letters of recommendation from the graduate school or medical/dental school professors. These letters need to be in sealed envelopes with the professor's original signature across the sealed flap.
5. A one page personal statement.

* As part of the scholarship award process, an interview will be scheduled with the Scholarship Committee in February 2017.

All documents must be postmarked on or before January 11, 2017.

(Revised 2016.11.02)

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SCHOLARSHIP APPLICATION FORM**

(Please type or print, use additional pages, or include CV, if necessary)

Name: _____
Last First Middle

CADAH Student Member: Yes / No CADAH Parent Member: _____

(CADAH membership is not required to apply for scholarship)

E-mail: _____

Phone (home/cell): _____

(Circle preferred contact number if more than one number listed)

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____

College/Graduate School(s): _____

Major(s): _____

Minor(s): _____

Degree(s) and Date(s) _____

GPA (on a 4.0 scale): _____ Rank/Size of Class: _____

Honors/Awards: _____

(or attach your CV)

Research/Interests/Publications: _____

(or attach your CV)

Extracurricular Activities: _____

(or attach your CV)

Medical / Dental School: _____ Year entered: _____

GPA (on a 4.0 scale): _____ Total credit hours: _____

MCAT or DAT scores: _____

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I certify that I am of Chinese descent ($\geq 25\%$) and that the information contained in this application is true and accurate to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Postmark Deadline: **January 11, 2017** Please mail completed application and all supporting documents to:

CADAH Scholarship Committee c/o
David Huang, M.D., Ph.D.
2001 Holcombe Boulevard, Unit 3305
Houston, TX 77030

If you have any questions, please contact Dr. David Huang: dhuang82@hotmail.com (e-mail).
936-577-5770 (cell).
