

Mayan Medical Aid Student Scholarship Application Form

Instructions:

1) Please complete this form and email or fax it to Mayan Medical Aid:

Email: craigasinkinson@aol.com

Fax: 866-606-2535

- 2) Also, email or fax the statements attached to this application regarding the certification that you have financial need and are enrolled. We will obtain these certifications. Simply provide us with the email address of the Dean or an authorized representative of the Dean's office.
- 3) Electives begin every Monday. Please indicate the starting and ending dates for your participation. These dates can be tentative. We will work with your schedule.
- 4) Finally, click this link to make payment: <http://www.mayanmedicalaid.org/scholarship3.htm>
- 5) Scholarships are granted after the application materials and payment are received.

Student Scholarship Application: Mayan Medical Aid

Personal Information

Name:

Address 1:

Address 2:

City:

State: CA

Zip Code:

Telephone Number:

E- Mail Address:

Professional School Type:

Professional School Name:

Number of Years Completed:

Financial / Educational Information

Dean's Financial Need Certification: Included

Dean's Enrollment Certification: Included

Participation

Desired Starting and Ending Dates of Participation:

Length of Elective:	2 weeks	4 weeks	6 weeks	8 weeks
	3 weeks	5 weeks	7 weeks	

Student Scholarship Application: Mayan Medical Aid

Financial Need Certification

Student Name:

Person who can certify that the above-named student has financial need.

Name:

Title:

Institution:

Email Address:

Enrollment Certification

Student Name:

Person who can certify that the above-named student is in enrolled.

Name:

Title:

Institution:

Email Address: