STUDENT OSTEOPATHIC MEDICAL ASSOCIATION FOUNDATION

Commitment to Osteopathic Pride and Excellence

SOMA New Member Scholarship Application

The Student Osteopathic Medical Association (SOMA) is your portal to the greater osteopathic community and the best way to get your voice heard on issues that affect you and your future career! The SOMA New Member Scholarship was developed for new members of SOMA (students signing up for SOMA during the Fall membership drive). Five $500 scholarships will be awarded based on an essay on the topic: "Vision of Osteopathic Medicine." SOMA encourages scholarship recipients to use the award to help attend a future SOMA convention (Fall or Spring convention).

Details of scholarship

Five new SOMA members will receive a scholarship of $500 donated by the Advocates of the American Osteopathic Association (AAOA). The scholarships will be distributed during OMED Fall convention at the SOMA Foundation Donor Recognition and Awards reception.

Application Deadline: **September 23rd, 2018 at 11:59PM EST**

Please include the following in your scholarship application:

1. **Section I: Application form**
2. **Section II: Statement of Understanding**
3. **Section III: Personal Statement**
4. **Curriculum vitae**

Application Requirements

- SOMA Membership
- Enrolled as an Osteopathic Student
- New SOMA member during the Fall Registration membership drive
- Completed application packet emailed by the deadline date

Complete the application directly at this link: https://goo.gl/forms/jqX4dYW2SErr7nfJ2

If you have difficulty uploading to the site, please send an electronic copy (signed and scanned) via email to Scholarships-Grants@SOMAFoundation.org and scottrellcumber@vcom.vt.edu.

For more information or questions regarding the scholarship, please contact the Foundation Associate Director of Scholarships & Grants Scholarships-Grants@SOMAFoundation.org.

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Section I: Application Form

SOMA New Member Scholarship

Scholarship Title _____

Name of Applicant _____ **AOA #** _____

Gender M/F

Date of Birth _____

Email address _____

Mailing address _____

City _____ **State** _____ **ZIP code** _____

Phone number _____ **Alternate number** _____

Graduation yr

Osteopathic Medical school _____ _____

Section II: Student Statement of Understanding

I certify that the information I have entered on this application is correct to the best of my knowledge. I understand that I must be a current member of the Student Osteopathic Medical Association (SOMA) to be eligible for this scholarship. I understand that this scholarship is to be awarded to a student who becomes a new member during this current year's Fall SOMA Membership drive. I understand that my application may be voided in the event that my entries are found to be fraudulent.

Date

Signature _____ _____

Section III: Personal Statement

Please attach a typed statement of **no more than 250 words** describing your vision of Osteopathic medicine and how your future involvement in SOMA and the osteopathic profession will impact this vision.