**THANK YOU! TO COMPLETE YOUR APPLICATION:**

1. Have your two references mail or email us on letterhead, a professional/

 academic letter of recommendation.

2. Mail or email us a one page personal statement about why you have chosen

 your career. Provide academic and personal experiences which demonstrate

 your interest in your chosen field.

3. Have your current school forward your transcript to us directly.

4. For entering students, please include a copy of your letter of acceptance for

 your medical, nursing, or physician assistant program.

5. Print the required certification/authorization and sign and return it to us.

**MAILING ADDRESS**: Northampton County Medical Society Alliance

 PO Box 21012

 Lehigh Valley, PA 18002-1012

**EMAIL ADDRESS:** ncmsascholarship@gmail.com

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY MARCH 15**