



Chinese American Medical Society  
Mid-Atlantic Chapter

**CAMS Mid-Atlantic Chapter 2010 Scholarship Application**

Name: \_\_\_\_\_  
Last Middle First

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Medical/Dental School: \_\_\_\_\_

Graduation Class: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please include with this application form:**

1. Curriculum Vitae
2. A description of your community service/volunteer experiences
3. A one to two page essay identifying a health issue that Asian Americans face and what you would propose to resolve it.

**Application deadline: December 15, 2009**

**Please mail application and supporting documents to:**

Attn: Le Le Luu, MD  
1201 Seven Locks Rd. Ste 111  
Rockville, MD 20854  
[lluu7@yahoo.com](mailto:lluu7@yahoo.com)