



LOMA LINDA UNIVERSITY

School of Medicine

Dr. David B. & Sheri L. Cotton Application

The Cotton's have established an endowment for qualified medical students enrolled in the School. Each award is varied in amount and determined by need. If you would like to be considered for this award, submit the following application. Upon receipt, your application will be presented to the Scholarship Committee.

Upcoming Year in Medical School (Check) 1 2 3 4

Name _____

LLU Student ID _____

1. Remembering that the large majority of students rely on loans to pay for their medical school education, please identify some ways in which you see yourself as especially meeting the criteria for financial need.

2. Discuss a special attribute or accomplishment that sets you apart, and will help you with your resilience after you begin the next stage in your career.

3. Additional comments you would want Scholarship Committee to consider.

A Seventh-day Adventist Organization

OFFICE OF THE DEAN

11175 Campus Street, Coleman Pavilion, Room A1116, Loma Linda, California 92350

(909) 558-8633 · fax (909) 558-0292 · medicine.llu.edu



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Recipients of the awards will be asked to write two notes of appreciation to the donors.

Your signature below designates that you are applying for the award and that you give permission for the Scholarship Committee to review academic and financial information that is available to Loma Linda University.

Signed _____ Date _____

Return your applications by clicking “**submit**” below.

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