

Evard Family Memorial Scholarship Application

The Evard family has established an endowment for qualified international medical students enrolled in the School. Preference will be given to students from France or Switzerland. Each award is for \$10,000.00. 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.

Upcon	toming Year in Medical School (Check) 1□ 2		3 □	4 🗆
Name _.	me			
LLU S	J Student ID			
1.	1. From a financial standpoint, what impact would the	his s	cholarsl	nip have on your education?
2.	 One of the purposes of this scholarship is to prom this purpose in mind, respond to the following: Ex communities defined by (among other things) sha cuisine, interest, race, ideology or intellectual herit which you belong and describe that community ar 	veryo red g tage.	one belo geograp Choose	ngs to many different hy, religion, ethnicity, income, e one of the communities to
3.	3. Additional comments you would want Scholarship	р Со	mmitte	e to consider.



Recipients of the awards will be asked to write a note of appreciation to the donor.

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.		