



LOMA LINDA UNIVERSITY

School of Medicine

Leroy A. Miller Scholarship Application

The Miller family has established an endowment for qualified Canadian medical students enrolled in the School. Each award is for \$1,000.00. 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.

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

Name _____

LLU Student ID _____

1. Can you provide an example of a time you overcame adversity?

2. Why do you deserve this scholarship?

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

Recipients of the awards will be asked to write a note of appreciation to Dr. Leroy Miller.

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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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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