



LOMA LINDA UNIVERSITY

School of Medicine

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

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

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