

Chinese American Doctors Association of Houston Scholarship Application Form 2019-2020

The Chinese American Doctors Association of Houston (CADAH) has been awarding scholarships to local medical and dental students for the past several years, approximately five each year. The amount of each scholarship has been between \$1,000-3,000 awarded directly to the student. The scholarship recipients will be announced at the CADAH Annual General Assembly to be held on February, 29, 2020.

To qualify, an applicant must be either:

1. A second, third or fourth year student of Chinese descent (≥ 25%) currently enrolled in an accredited medical or dental school located within a 100-mile radius of the Houston area.

or

- 2. A child of a CADAH member who is currently enrolled in second, third or fourth year of an accredited medical or dental school located either inside or outside of the Greater Houston area.
- * Please note that past recipients of this scholarship are not eligible. Priority is generally given to third or fourth year students.

Applicants must submit all of the following:

- 1. A completed application form.
- 2. A signed copy of the Certification of Chinese Descent on the last page of application.
- 3. A copy of the student's medical/dental school transcripts.
- 4. Two letters of recommendation from the graduate school or medical/dental school professors.
- 5. A 500 word maximum personal statement.
- * As part of the scholarship award process, an interview will be scheduled with the Scholarship Committee in February, 2020.

All documents must be postmarked on or before **January 11, 2020.**

Chinese American Doctors Association of Houston

Scholarship Application Form

Name:Last	First	Middle	
CADAH Student Member: Yes/No	CADAH Parent M	Member:	
(CADAH membership is not required to appl	y for scholarship)		
E-mail:			
Phone (home/cell):			
(Circle preferred contact number if more than	n one number listed)		
Address:			
City:	State:	Zip:	
Date of Birth:	Place of Birth:		
College/Graduate School(s):			
Major(s):			
Minor(s):			
Degree(s) and Date(s)			
GPA (on a 4.0 scale):	Rank/Size of Class:		
Honors/Awards:			
(or attach your CV)			
Research/Interests/Publications:			
(or attach your CV)			
Extracurricular Activities:			
(or attach your CV)			
Medical /Dental School:		Year entered:	
GPA (on a 4.0scale):	Total credit hou	Total credit hours:	

Chinese American Doctors Association of Houston Scholarship Application

I certify that I am of Chinese descent ($\geq 25\%$) and that the information contained in this application is true and accurate to the best of my knowledge.

application is true and accur	ate to the best of my knowledge.
Signature of Applicant:	
Date:	
Postmark Deadline: Januar application and all supporting	ry 11, 2020. Please mail or email (scanned) completed ng documents to:
	CADAH Scholarship Committee c/o
	James Tang, M.D.
	3122 Bonnebridge Way Blvd.
	Houston, TX 77082
	Email: jamestangmd@gmail.com
If you have any questions, pl 713-248-3637 (cell).	ease contact Dr. James Tang: jamestangmd@gmail.com(email)