



2011 AAPM SUMMER SCHOOL SCHOLARSHIP APPLICATION

Please send an electronic copy to Nancy Vazquez at nvazquez@aapm.org no later than February 25, 2011.

Name: _____

Date Submitted: _____

Address: _____

Have you included:

- Curriculum Vitae

Yes No

- Application Letter

Yes No

- Two letters of recommendation

Yes No

- Letter supporting your financial need

Yes No

Telephone: _____

Fax: _____

E-mail: _____

Have you received a Summer School Scholarship before? Yes No

Applicable highest graduate degree & field of study: _____ Year Rec. _____

AAPM Membership Status (i.e. Full, Associate, Jr., Student): _____

Years in Clinical Medical Physics practice: _____ To _____

Completed Medical Physics Residency: Yes No

Major current clinical activity: Therapy Diagnostic X-ray Nuclear Medicine

Please provide the following names and phone numbers:

- Financial Need Letter

Sender Name: _____

Phone Number: _____

- First Letter of Support

Sender Name: _____

Phone Number: _____

- Second Letter of Support

Sender Name: _____

Phone Number: _____