



**ScrubCaps for a Cause 501(c)3 Non-profit Organization
Supporting the Education of Women in Medicine**

**2020 Scholarship Application
One Thousand Dollar (\$1,000.00) Scholarship
DEADLINE: JUNE 30, 2020**

Applicant's Name _____ **Date of Birth** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone # () _____ **Email Address** _____

Medical School Attending: _____

Address _____

City/State/ Zip Code _____ **Telephone #** _____

Number of Years completed _____

Honors, Award, Activities (Include school-sanctioned as well as anything you are proud of, enjoy, have a passion for or just makes you a cool or interesting human being. Add space if needed):

College Attended: _____

Degree: _____

City/State/ Zip Code _____ **Telephone #** _____

Include the following:

- 1. Two (2) letters of recommendation**
- 2. An essay (minimum of 500 words) telling about yourself and why you are pursuing a career in medicine, and why you believe you should receive this scholarship. Please read about the foundation and it's mission, and consider this in your essay.**

**Applicant must be attending a medical school in the United States. The 2020 application deadline is June 30, 2020. All documents must be received by the deadline. Please submit all documents electronically to info@scrubcapsforacause.com
Previous recipients may reapply. SCFAC, INC. Board decisions are final.**

ALL APPLICATION PACKAGES MUST BE TIMELY AND COMPLETE