

Office of Admissions  
 IAU College of Medicine  
 5999 Summerside Dr Ste 220  
 Dallas, TX 75252  
 Ph : 972-484-9700

IAU College of Medicine Campus  
 Gable Woods South  
 Vieux Fort, St. Lucia  
 Ph : (758) 454- 3424



## Medical Professional Scholarship Application

### GENERAL INSTRUCTIONS

- ❖ This scholarship offer is for Medical Professionals holding current license and actively engaged in the field of medicine.
- ❖ A personal essay and supporting documents establishing your eligibility MUST accompany this application.
- ❖ Mail applications to the US Office of Admissions at least 45 days prior to the start of classes.
- ❖ Questions about this scholarship may be directed to the Associate Director of Admissions at 1-888-440-4474

### PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Current Address		City	State	Zip Code	Country
Telephone #	Please indicate type <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cellular		Social Security No and/or Passport No.		
Term of Enrollment	Student Status <input type="checkbox"/> 6yr MD <input type="checkbox"/> 4yr MD		Email :		

### EDUCATIONAL HISTORY

*List the most recent institution first.*

Name of School and Address	From Mo/Yr	To Mo/Yr	Major/Minor	Did You Graduate?	GPA
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

### MEDICAL PROFESSIONAL CERTIFICATIONS

Please list all relevant licenses, memberships, professional certifications.

Type	State	Duration	Remarks

