

The Myanmar American Medical Education Society, Inc.

128 Mott Street
Suite 302
New York, NY 10013

Tel: 646-613-1691
Fax: 646-613-1685
Email: contactus@mamsus.org

Residency Scholarship Application

Purpose: To help Myanmar Physicians who need Financial Support for applying the Residency Training Positions.

Dear Applicant:
Please read the instructions carefully.

Instructions:

The applicant must be an Associate member or a Corresponding member of the Society.

The applicant shall apply **ONLY ONCE** in lifetime.

The applicant must not have any relationship with endorsing members or members of the Selection committee.

The application period will be from February 1st to March 1st.

The application and required documents must be post-marked for the Deadline (March 1st).

Please use the check list for the requirement to complete the application.

Incomplete application will not be considered.

Scholarship winners will be announced on Myanmar New Year Day Celebration in April.

Requirements/ Check list:

1. Membership Status/ Application for Membership (Available online <http://mamsus.org>)
2. Residency Scholarship Application Form
3. Copy of MBBS/ MD Degree Certificate
4. Copy of ECFMG Certificate
5. Copies of USMLE Step 1 & 2 (both CK & CS) scores reports
6. Copy of Photo ID (**NOT PHOTO**) (e.g. Driver License, Passport, National ID Card)
7. Invitation/ Confirmation letter or Email from the program for the Interview.
(Interview must be out of State/ out of Country of the Residence)
8. Copies of documents for Traveling Expense (e.g. Airfare/ Hotel/ Rent)
9. Two Endorsement Forms from two members of the Society.
10. Personal Statement

(On a separate sheet of paper please provide a concise and well-written statement about yourself. Indicate your academic and career goals. Be sure to also state any significant contributions which you have made to the community. Include any other information which you feel should be considered in evaluating your final qualifications for the Residency scholarship)

Submit the application and required documents before the Deadline (March 1st)

Residency Scholarship Selection Committee
The Myanmar American Medical Education Society, Inc.
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Residency Scholarship Application

Last Name: _____

First Name: _____ Middle Name: _____

Medical School/ Date: _____

ECFMG Certification number/ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Are you currently employed? Yes No Full-Time Part-Time

Position/ Title: _____ Employer (Name/ Tel): _____

Are you Member of the Society? Yes No

If you are not member of the Society, please fill out the Membership Application.

List the Programs that you went for the Interviews (Out of State/ Out of Country)

Name of Program: _____ Date: _____

Name of Program: _____ Date: _____

Name of Program: _____ Date: _____

References:

List two members who you feel know you well enough to serve as references:

Please request them to fill out the endorsement form.

Name: _____ Tel: _____

Name: _____ Tel: _____

I hereby certify that all information and documents are correct and grant my permission to release my academic transcript and pertinent financial information to the Residency Scholarship Selection Committee.

Signature: _____ **Date:** _____

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Endorsement for Residency Scholarship

This form must be completed and signed by endorsing member of the Society, listed as References on the Application Form.

As a Member of the Myanmar American Medical Education Society, I endorse the application of Dr. _____ for the Residency Scholarship of the Society.

I have known Dr. _____ in person for _____ months/years and have found him/her to be qualified for the financial support.

I hereby confirm that I have no relationship with Dr. _____.

Name of Endorsing Member: _____

Address: _____

Tel: _____ Email: _____

Membership Status: (Check one)

Active Member Associate Member Corresponding Member

Signature of Endorsing Member: _____

Date: _____

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Active Member Associate Member Corresponding Member

Signature of Endorsing Member: _____

Date: _____