

**TEXAS MEDICAL ASSOCIATION - YOUNG PHYSICIAN SECTION
DR. MICHAEL O'MALLEY MEMORIAL SCHOLARSHIP
2018 APPLICATION**

******* Application deadline is January 31, 2018*******

(Please print or type all information)

Student Name: _____

High School: _____

Home Address: _____

City, State, Zip Code: _____

Phone #: _____ Email: _____

Current GPA: _____ on a scale of: _____ Class size: _____

What science courses have you taken in high school? _____

Which of the above courses was your favorite and why? _____

Have you ever participated in a science fair? ___ Yes ___ No. If yes, briefly explain your project's hypothesis and conclusion.

On a separate sheet, please indicate in 200 words or less why you are interested in pursuing a medical career as a physician. (Please put your name at the top of any sheets you attach to this application.)

Please include with your application:

- **two letters of reference**
- **an official copy of your high school transcript**

Please return your application to: Texas Medical Association, YPS Coordinator, 401 West 15th Street, Austin, TX 78701-1680. If you have questions or need additional information, please contact the YPS Coordinator at 800-880-1300 ext. 1443 or via email at YPSinfo@texmed.org. And remember, all applications must be postmarked no later than January 31, 2018.

****Scholarship winner must present TMA with a copy of their letter of acceptance to a university or college**

before funds will be distributed**