

**American Association of Colleges of Osteopathic Medicine (AACOM)  
The 2010 Sherry R. Arnstein Minority Student Scholarship Cover Sheet**

(Entry and cover sheet must be post-marked by March 31, 2010.)

**Student Information** *(please print or type):*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Ethnic Background** *(please check one of the following):*

African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_

**Academic Status** *(please indicate your current student status):* 1st year \_\_\_ 2nd year \_\_\_ 3rd year \_\_\_

**Medical School Attending:** \_\_\_\_\_

**I certify that the above information is correct to the best of my knowledge:**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I certify that this student is in good academic standing and that the information above is correct to the best of my knowledge:**

Name of Student Affairs Officer (please print or type): \_\_\_\_\_

**Signature of Student Affairs Officer:** \_\_\_\_\_

**Please submit cover sheet and entry post-marked by March 31, 2010 to:**

Arnstein Minority Student Scholarship  
5550 Friendship Boulevard, Suite 310  
Chevy Chase, MD 20815-7231

**Questions regarding the 2010 Sherry R. Arnstein Minority Student Scholarship should be directed to AACOM at (301) 968-4142.**