

**American Association of Colleges of Osteopathic Medicine (AACOM)
The 2012 Sherry R. Arnstein Minority Student Scholarship Cover Sheet**

(Entry and cover sheet must be post-marked by March 31, 2012.)

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, 2012 to:

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

Questions regarding the 2012 Sherry R. Arnstein Minority Student Scholarship should be directed to AACOM at (301) 968-4142.