



University of Michigan | Medical Center Alumni Society – 2012 Application Form  
**MCAS \$2,000 Student Service Scholarship Award**

**Nominee Information**

Student Name:		UMID:
Address:		
City	State:	Zip:
Home Phone:		
Cell Phone:	E-mail Address:	
Graduation Year:	Current Program Year:	
	<input type="checkbox"/> M1 <input type="checkbox"/> M2 <input type="checkbox"/> M3 <input type="checkbox"/> M4	

**Nominator Information**

Name	Address:	City:	State:	Zip:
1 <sup>st</sup> Nominator:	Phone:	E-Mail Address:		
Name	Address:	City:	State:	Zip:
2 <sup>nd</sup> Nominator	Phone:	E-Mail Address:		
Your Relationship to U-M:				
<input type="checkbox"/> Executive leadership of the Medical School <input type="checkbox"/> Faculty member of the Medical School <input type="checkbox"/> Member of the Medical Center Alumni Society Board		<input type="checkbox"/> MCAS membership-at-large <input type="checkbox"/> Fellow classmate <input type="checkbox"/> Student himself or herself		

**Submission Instructions**

**Nomination submissions must include:**

**Application/Nomination Form**

**Two Letters of Recommendation:**  (1st) Nominator: \_\_\_\_\_  
 (2nd) Nominator: \_\_\_\_\_

**Due Date: Nominations must be postmarked by February 15, 2012**

**Please submit the nomination in its entirety to:**

Trish Roma  
 Alumni Relations Coordinator  
 Office of Medical Development & Alumni Relations  
 1000 Oakbrook Drive – Suite 100  
 Ann Arbor, Michigan 48104

***The awards will be presented to the recipients at the Senior Luncheon in early May 2012.***

**Questions: Please contact Imm-Kee Lang at 734.763-5103 or dikmj@umich.edu.**