



**Application for the  
2010 AAMD EDUCATION AND RESEARCH FOUNDATION  
GUNILLA BENTEL SCHOLARSHIP AWARD**

AAMD Member Number

Social Security Number

**• Personal Information**

Name:

*(Last)*

*(First)*

*(Middle)*

Mailing Address:

*(Street Address)*

*(City)*

*(State)*

*(Zip Code)*

Email:

Phone:

**• Educational Information**

JRCERT Medical Dosimetry Program:

*(Name of Institution)*

*(city/State)*

Program Director/Administrator:

Graduation Date:

Most recent cumulative GPA (min.3.0/4.0):

Upon successful program completion you will attain which of the following?

Certificate Program

Associate Degree

Bachelor's Degree

Master's Degree

Financial Aid

Office Contact Name:

Office Address:

*(Street Address)*

*(City)*

*(State)*

*(Zip Code)*

Email:

Phone:

I hereby state that all information contained within this application is true and correct to the best of my knowledge and all essays are my own work.

*(Applicant Signature)*

*(Date)*

*(Medical Dosimetry Program Director Signature)*

*(Date)*

***(All AAMD Foundation scholarship Awards will be distributed directly to the Financial Aid office of the attending institution)***