The Foundation of the Ukrainian Medical Association of North America (UMANA Foundation) provides tuition scholarships to qualified full time medical or dental students in the United States and Canada. Scholarships of $3,000 per student will be awarded for the 2023-2024 academic year.

ELIGIBILITY
- United States or Canadian citizen (or permanent resident) of Ukrainian ancestry
- Medical or dental student of (or admitted to) an accredited medical or dental school in the United States or Canada
- Student member of, or applicant to, UMANA

SELECTION CRITERIA
- Ukrainian community activities and involvement
- Extracurricular activities, research and employment
- Academic excellence
- Financial need

APPLICATION PROCESS
1. Applications can be downloaded from the UMANA website www.umana.org under foundation or can be obtained by phone from the UMANA Foundation at 773-278-6262

2. The application form, recommendations, photos and transcript must be received (if sent electronically) or postmarked (if mailed) no later than Friday May 19, 2023 to UMANA Foundation, 2247 West Chicago Ave, Chicago, Illinois 60622.

3. RETURN THIS SHEET and the following with your application:
   (Please check each section when complete)
   - Letter of good standing in, or letter of acceptance to, medical/dental school
   - Completed Essay (see Essay Section below)
   - REQUIRED FOR RETURNING APPLICANTS-see page 4 Ukrainian community health project (e.g. lectures to seniors, schools, camps, health fairs, distribution of health education materials, missions to Ukraine)
   - FAFSA if applicable
   - 2 letters of recommendation
   - 2 photos (jpeg-high resolution)

4. Selections will be announced by June, 2023
This application is three (3) pages long. Incomplete applications cannot be considered, so please be sure that all parts of the application have been completed and submitted, along with two photos, essay, letter of acceptance and/or letter of good standing, 2 letters of recommendation and a copy of FAFSA form if available.

Please print or type:

PERSONAL PROFILE:

Student Name: ________________________________ Place of Birth ________________________________

Last First MI

Home Address:

Number Street City State Zip

Mailing Address:

Number Street City State Zip

Phone Number: ( ) ________________ Date of Birth: ____ / ____ / ________

Email Address: ________________________________ TWO (2) photos required

Medical / Dental school: __________________________________________________________

Name

Address:

Number Street City State Zip

Expected date of graduation from medical/dental school_________________________________
All information contained in this application is strictly confidential.

ACADEMIC PROFILE:

Please include a letter of good standing or letter of acceptance to medical or dental school.

University attending(ed):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medical/Dental school planning to attend or currently attending:

________________________________________________________________________

ESSAY SECTION

Please tell us about your participation in activities outside the actual medical or dental school environment. These would include church, community, volunteer, non-paid work, and school activities, especially in the Ukrainian community. (returning applicants-see page 4)

Please tell us why you want to go to medical/dental school, and how you could help to improve the healthcare of Ukrainians in the diaspora and in Ukraine. Tell us about any other educational opportunities you have taken advantage of e.g. outside classes or internships. Include any other pertinent information you would like to share.

Please use a separate sheet of paper. PLEASE LIMIT to 2 PAGES

FINANCIAL INFORMATION:

Amount of scholarships already received
$________________________

Amount of scholarships anticipated
$________________________

Are there any other financial circumstances we should consider? Use a separate sheet of paper if necessary.

Highly recommended for all applicants: Please attach a copy of your completed FAFSA (Free Application for Federal Student Aid) form.
Please submit two (2) letters of recommendation from any of the following: physicians, dentists, teachers, UMANA members, clergy or employers.

Returning applicants: We require participation in a health related project in your local Ukrainian community or in Ukraine. Examples include: lectures with senior groups, schools, camps, participation in health fairs at Ukrainian days, distribution of health education materials, missions or travel to Ukraine for health projects.

ALL INFORMATION CONTAINED IN THIS APPLICATION IS STRICTLY CONFIDENTIAL!

I attest that the information included in this application is true and complete.

_________________________________________  _______________________
Signature of Applicant                        Date

_________________________________________  _______________________
Signature of Parent/Guardian if applicable    Date

How did you hear about this scholarship?_______________________________________

All parts of this application, essay, 2 letters of recommendation, 2 photos and transcripts can be EMAILED TO foundation@umana.org or MAILED TO address below received or postmarked by ____________________________

UMANA Foundation
2247 West Chicago Avenue
Chicago, IL 60622
Attn: Maria Hrycelak, M.D.
Scholarship Chair

Email: foundation@umana.org  Telephone: 773-278-6262
Fax: 773-278-6962

All applicants will be notified of the committee’s decision by June, 2023.