Dear Admission Officer;

The Turkish American Doctors Association of Midwest is a voluntary medical organization founded in 2005. One of the missions of TADAM is to establish enhanced academic interaction among Turkish-American Physicians in the Midwest States and the United States. The current goal of TADAM is to award two scholarships of $1000 a year to medical, osteopathic and/or dental students. These funds come from contributions and from TADAM's fundraising dinners and social activities. TADAM would like to award these scholarships during the 2014-2015 fiscal school years. We hope you will pass this along to your medical/osteopathic/dental students with a Turkish-American heritage or ancestry. To be eligible to apply, the applicant must be a first, second, third or fourth year medical, osteopathic or dental student at a U. S. medical, osteopathic or dental school. The 2014-2015 application form can be downloaded in PDF format on TADAM's website, www.tadamonline.org

Supporting documents needed to complete application:
• Letter from the Dean of Students verifying good standing.
• Two letters of recommendation.
• Applicant's personal statement (including career goals).
• Applicant’s current vitae (be sure to include education, research activities if any, employment and extracurricular activities. Credit will be given to those with research projects relating to health care of the Turkey.)

Application and supporting materials must be sent by mail (e-mail not acceptable) to:
Aytekin Oto, MD Professor of Radiology
Chairman of TADAM’s Scholarship Committee
Chief of Abdominal Imaging and Body MRI University of Chicago -
Department of Radiology 5841 S Maryland Ave, MC 2026 Chicago, IL, 60637
Office: (773) 702-8553 Fax: (773) 702-1161
TURKISH AMERICAN DOCTORS ASSOCIATION OF MIDWEST
2014-2015 APPLICATION FOR SCHOLARSHIP

You must be a current first, second, third or fourth year medical/osteopathic/ dental student in the U.S.A. to apply.
Deadline of Application: Feb 27, 2015

Name: Last:_____________________First:___________________Middle:________________
Date of Birth: _________________Place of Birth: ___________________________________
Home address: _______________________________________________________________
Home telephone: _______________________________________________________________
Mailing address: (if different from above): _______________________________________
(Effective date: from __________ to _________________)
E-mail address: _______________________________________________
Description of Turkish-American heritage: ______________________________________
Medical/Dental/Osteopathic School: ___________________________________________
School address: _______________________________________________________________
Class of: _______________________
MCAT or DAT Scores: __________________________________________________________
GPA at Medical School: _________________________________________________________
Graduate School: ____________________________
Degree/year: ______________________ Benz
Location of Graduate
School:____________________________________________________
Undergraduate College: ________________________
Degree/year: ______________________
Location of College: __________________________
Major:_____________________________
High School: ________________________________
Location: ________________________________
Previous application: Yes ___ No ____ If yes, year: _______________________
Member of Turkish-American Medical Association (TAMA - New York)? Yes_ No _____
Member of Turkish-American Doctors Association of Midwest (TADAM)? Yes ____ No _
Are any of your relatives members of TAMA or TADAM? Yes _____ No _______
If yes, name of the member(s): _________________________________________
If yes, which association: TAMA ____________ TADAM ____________________
Has any other member(s) or relative(s) received the TADAM's Scholarship? Yes ____
No ____
If yes, what is the name of the recipient, which association and the year of award?
Name: ___________________________ TAMA ____ TADAM _________ Year: ___________
Applicant's Current Outstanding Undergraduate Loans: ___________________________
Applicant's Current Outstanding Graduate/Professional Education Loans: ________

Signature of the Applicant: ___________________ Date: _________________________

Supporting Documents Needed to Complete the Application:
· Letter from the Dean of Students verifying good standing
· Two letters of recommendation from medical school faculty
· Applicant’s personal statement (including career goal)
· Applicant’s Curriculum Vitae (include education, awards, research activities if any,
  employment and extracurricular activities )

Deadline of Application: Feb 27, 2015

Send application and supporting documents to:

Aytekin Oto, MD - Professor of Radiology
Chief of Abdominal Imaging and Body MRI
TADAM Scholarship Program
University of Chicago -Department of Radiology
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