



## Application Information for Undergraduate Scholarship 2018-19

### The Nhat H. Tran, M.D. Scholarship

**Award:** One scholarship of \$1,000

**Criteria:** Applicant must have a disability.

**Eligibility:**

- Must be a continuing undergraduate student enrolled at UCLA for 2017-18 and 2018-19 academic years.
- Provide evidence of academic record. Students can get an unofficial (or student copy) transcript may be obtained online through MyUCLA. The unofficial transcript can be viewed on-screen or printed as a PDF. There is no charge for an unofficial transcript. Read essay guidelines below.
- Submit a resume. If you do not have one see guidelines on application.
- Students in any academic department degree program can apply.

**Essay:** Describe your background, what your disability is, how you will achieve your educational goals and future plans.  
Essay should be no more than 500 words maximum.

**Deadline to apply:** February 26, 2018, Monday by 5:00 pm

**Submit application with your resume and essay as a Microsoft Word document and pdf of your academic transcript to [scp@aasc.ucla.edu](mailto:scp@aasc.ucla.edu), in the email subject heading, please enter:  
2018 Application for Nhat H. Tran Scholarship.**

**Application** on pages 2 and 3



Asian American  
Studies Center  
*Bridging Research with Community*

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### The Nhat H. Tran, M.D. Scholarship

**Applicant Information:** *Information must be typed on the form.*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
                             First                      Middle                      Last

UCLA Student Identification Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Permanent Home Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address when enrolled in school:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Permanent Mailing Address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Degree Program enrolled in: Bachelor of Arts / Bachelor of Sciences (circle one)

Undergraduate Major(s): \_\_\_\_\_

Minor (s): \_\_\_\_\_

Cumulative Grade Point Average Winter quarter: \_\_\_\_\_ Academic units completed to date: \_\_\_\_\_

Student status in Fall 2018: Freshman (0-44.9) Sophomore (45-89.9) Junior (90-134.9) Senior (>135 units)

Expected Month & Year of Graduation: \_\_\_\_\_

California Resident?  Yes  No U.S. Citizen?  Yes  No

If "No," Country of Citizenship: \_\_\_\_\_ Visa Type:  Student  Permanent Resident

Have you received an AASC Scholarship, Internship, Grant, or Academic Prize in the past?  Yes  No

If yes, please state date received: \_\_\_\_\_

Title of Project that received previous award:

\_\_\_\_\_

Please list any publications or other creative works that resulted from the previous award:

\_\_\_\_\_

### Award Requirements:

1. Submit a resume. \*\*If you do not have this, respond to the following questions on additional pages and attach to this application.
  - a) List chronologically your academic record or achievements, including research or creative projects, field studies, internships, honors thesis, special studies projects, teaching experience, publications, presentations, etc.
  - b) List chronologically your record of professional activities, university or community service.  
Provide a description of your activities and service.  
Include dates of involvement and, if any, offices held. If this is your first year at UCLA you may include activities from your high school, community college or transfer institution.
  - c) List any current or previous employment. Include job descriptions, dates, and hours worked per week.
  - d) List the honors and awards that you have received.
2. List one Faculty Reference, a second Faculty Reference is optional. A Letter of Recommendation is not required.

***Reference of UCLA Faculty Advisor (Required)***

Name \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

In what capacity are you acquainted with this reference? \_\_\_\_\_

\_\_\_\_\_

***Reference of any Faculty / Instructor / Community Organization (Optional)***

Name \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

In what capacity are you acquainted with this reference? \_\_\_\_\_

\_\_\_\_\_

"All information submitted in this application, and in support of it, is complete and true to the best of my knowledge and belief. I understand that knowingly providing false or incomplete information may be grounds for dismissal from UCLA."

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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For any questions contact Meg at [meg@ucla.edu](mailto:meg@ucla.edu) or (310) 825-1006, or contact AASC main office phone: (310) 825-2974.