

FRME Scholarship Application Form

Fellowship for Rural Medical Empowerment (FRME)

1. Personal Information

Full Name:

Date of Birth:

Contact Number:

Email Address:

Permanent Address:

Community / Minority Group:

Rural Area of Origin (Village, District, State):

2. Academic Background

Undergraduate Degree & Institution:

Postgraduate Degree & Institution (if any):

Current or Intended Advanced Medical Program (MD/MS/DM/etc.):

Institution Name:

Admission Status (Admitted / Awaiting Confirmation):

Intended Specialization:

Academic Achievements / Honors:

3. Financial Information

Annual Family Income:

Primary Income Earner's Occupation:

Brief Statement on Financial Need:

4. Community Commitment

Describe your commitment to returning and serving your home community after graduation:

5. Personal Statement

Personal statement outlining your motivation and goals:

6. References

Reference 1: Name, Title, Contact:

Reference 2: Name, Title, Contact:

Submission Instructions

Please complete this application and email it along with your academic transcripts, proof of admission (if available), two letters of recommendation, and financial documents to: scholarships@ruralmedscholars.org

Subject line: FRME Scholarship Application - [Your Full Name]