



Sacramento Vietnamese Medical Dental Pharmacy Association

Scholarship Application

The Sacramento Vietnamese Medical Dental Pharmacy Association (SVMDPA) is a non-profit organization for physicians, dentists, pharmacists and other health professionals of Vietnamese heritage who live and practice in Northern California. Our mission is to advocate, serve, and enrich the underserved community through health awareness, service, and mentorship. Our vision is to be the leader in serving the underserved population and empowering the next generation of Vietnamese Americans.

For the calendar year of 2024-2025, SVMDPA will be issuing six \$1000 scholarships. All scholarships will be paid directly to the recipients.

Two scholarships will be awarded in each of the 3 disciplines (medical, dental and pharmacy) to students **currently attending** an accredited U.S. medical, dental or pharmacy school for the 2024-2025 school year who are in good academic standing with financial need.

All scholarship applications and **all** accompanying requirements are to be completed and submitted as a **PDF file** to SVMDPA.Admin@SVMDPA.org by the deadline of Saturday, March 1st, 2025 at 11:59 pm. Please include applicant's **last name as part of all file names**. Scholarship recipient(s) will be notified by Monday, March 31st, 2025.

Scholarship Criteria

1. Vietnamese College Student (**must be a US citizen**) with either one of the below criteria:
 - Currently attending college and/or university in Sacramento, Placer, Yolo or San Joaquin county.
 - A student originally from the Sacramento, Placer, Yolo or San Joaquin county attending college and/or university outside Sacramento, Placer, Yolo or San Joaquin.
2. Official Transcripts required. Good academic standing (minimum of 3.0 out of 4.0 GPA) with Financial Need.
 - Send official Transcripts to:
c/o Hung Le, DDS
YND Scholarship Committee
9575 Laguna Springs Dr. #102
Elk Grove, CA 95757
3. Is not related or affiliated with any current or past SVMDPA/YND member, and is not a previous SVMDPA scholarship recipient.
4. One letter of recommendation sent as a PDF file.
5. A 250-word max essay why the student is interested in the chosen field. Please attach essay in PDF form and include applicant name as part of the file name.
6. A current Curriculum Vitae.

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Chosen field	Medical <input type="checkbox"/>	Dental <input type="checkbox"/>	Pharmacy <input type="checkbox"/>

Past School Activities and Honors (not on CV)

Community Activities and Honors (not on CV)

Financial Questions

In the last 2 years, has your parent/guardian claimed you on their tax return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will you be living at home during the school year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Will your parents, guardian or family member pay for any part of your tuition, lodging or cost of living?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a college savings plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How did you pay for school as an under-graduate student?		
<input type="checkbox"/> Savings	<input type="checkbox"/> Scholarship	<input type="checkbox"/> Loans
<input type="checkbox"/> Grants	<input type="checkbox"/> Other	

If by grants, what kind of grants?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to scholarship, I understand that false or misleading information in my application will lead to disqualification of scholarship opportunity.

Signature: _____ Date: _____