

**Pan-Pacific Surgical Association
Scholarship Application Form
University of Hawaii John A. Burns School of Medicine**

Please print this form and complete and
mail to the Pan-Pacific Surgical Association.

Student's Name: _____

Year in Medical School: (first, second, etc.) _____

Address: _____

Phone: _____ Fax: _____

Email address: _____

I feel I meet the criteria for the Pan-Pacific Surgical Association scholarship
because: *(Please be complete and brief as possible)*

Student's Signature: _____ Date: _____

Please mail this completed form to:

Allan Kunimoto, MD
Chairman, Living Endowment Fund
Pan-Pacific Surgical Association
1212 Punahou St. #3506
Honolulu, Hawaii 96826
Tel: (808) 941-1010 Fax: (808) 951-7004