



# 2022

American Naturopathic  
Medical Association

## *Scholarship*

\$500 Naturopath Scholarship

1 year ANMA Membership

Free Pass to ANMA Convention

Available to those currently enrolled and in good standing in a Naturopathic Program with an American Naturopathic Medical Accreditation Board approved school currently offering a naturopathic program.



Applications Accepted

September 6, 2021 to July 29, 2022

For More Details Contact ANMA  
702 450 3477 or [admin@anma.org](mailto:admin@anma.org)



# AMERICAN NATUROPATHIC MEDICAL ASSOCIATION SCHOLARSHIP PROGRAM

## ABOUT THE PROGRAM

American Naturopathic Medical Association has designed this scholarship opportunity to be an investment in the future growth and development of Naturopathy and the Naturopathic profession. Founded in 1981, ANMA is a nonprofit, scientific, educational, organization, dedicated to exploring new frontiers of mind, body, medicine and health. ANMA has a nondiscriminatory policy, with membership open to individuals with Doctor of Naturopathy, as well as other health care fields. Many of our members hold other medical degrees: M.D., D.O., D.D.S., O.M.D., H.M.D., and D.C. All our members have a strong commitment to the philosophy, art and science, of natural therapeutics. They subscribe to the motto "Doctor do no harm". ANMA will annually award two scholarships, in the amount of \$500 each.

## ELIGIBILITY

### Applicants must:

- Currently be enrolled and in good standing in a Naturopathic Program with an American Naturopathic Medical Accreditation Board (ANMAB) approved school. ([www.anmab.org](http://www.anmab.org))
- Applicant must submit a completed application to ANMA by the appointed deadline.
- Applicants meeting the above criteria will be eligible without regard to race, ethnicity, national origin, religion, gender or disability. Must reside within the United States to qualify.

## HOW TO APPLY

Along with a completed ANMA Scholarship application, please provide the following;

- Submit an Essay addressing the following question:  
**Describe and discuss your Naturopathic academic and career goals including your plans to achieve them within the next five year? 1000 Maximum words**
- Two Letters of Recommendation- One Letter of Recommendation from a school leader and one Letter of Recommendation from a community leader.
- Recent individual photo to be used for publication. Photo will not be seen by the scholarship committee during the selection process. (Please do not attach using staples or paperclip.)
  - Submit current naturopathic program transcripts.

- Submit all application materials noted above by deadline to:

ANMA Scholarship Application  
P O Box 96273  
Las Vegas, NV 89193

## WHEN TO APPLY

- Scholarship applications must be completed and submitted by mail, September 16, 2019 to June 30, 2020.

## AWARD PROCEDURES

- Scholarships will be reviewed by the ANMA Scholarship Committee.
- The scholarships payment for enrolled applicant will be paid directly to the college where the applicant has been accepted as a student. If applicant has graduated, payment will be made directly to graduate.
- Recipients will be announced at the ANMA Convention & Educational Seminar and recognized in a JANMA press release announcing the scholarship winners.
- ANMA reserves the right to terminate the scholarship if the recipient fails to utilize the scholarship funds within one year of notification.

## BENEFITS:

- ✓ \$500 Scholarship paid upon completion of Naturopathic program.
- ✓ 1 year ANMA Membership
- ✓ Free Pass to ANMA Convention & Educational Seminar
- ✓ Recognition in the JANMA – Journal of The American Naturopathic Medical Association



# American Naturopathic Medical Association Scholarship



## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

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

Are you a citizen of the United States?  YES  NO | If no, are you authorized to work in the U.S.?  YES  NO

Are you currently enrolled in an ANMAB Accredited School?  YES  NO | Expected graduation date? \_\_\_\_\_  
If yes, which School? \_\_\_\_\_

Have you recently graduated?  YES  NO | If yes, Name of School: \_\_\_\_\_  
Graduation Date: \_\_\_\_\_

## EDUCATION

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Certificate/Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Certificate/Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Certificate/Degree: \_\_\_\_\_

## SCHOLARSHIP ESSAY REQUIREMENTS

Submit an Essay with the following information: **Where do you see yourself in five years?**

Describe and discuss your Naturopathic academic and career goals including your plans to achieve them within the next five year. 1000 Maximum words

Essay Attached  Photo Attached - Please do not attach using staples or paperclip

## DISCLAIMER AND SIGNATURE

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to American Naturopathic Medical Association to contact my school, in the event that I am selected to receive the scholarship. I understand that false or misleading information in my application will result in forfeiture of scholarship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL TO : A N M A | P O Box 96273 | Las Vegas, NV 89193