

VBMA Educational Scholarship Submission Form

Student Name *

First Name Last Name

Mailing Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Contact Email *

example@example.com

Contact Number

Area Code Phone Number

University Name *

University Address *

Anticipated Year of Graduation *

List the courses you're taken/have taken that relate to herbal medicine. *

Please be as specific as possible.

List organizations you belong to that relate to herbal medicine. *

If you don't belong to any organizations, enter NONE.

You **MUST send the following documents to office@vbma.org:**

- **a copy of your Student ID**
- **a recommendation from a faculty member at the school you're attending**
- **your essay file in .doc or .pdf format**

You may also include any supporting information, such as research papers, articles you've been involved with/contributed to, any volunteer experience, and your resume. **Your submission will NOT be considered without the required documentation listed above!**