

Washington
Osteopathic
Foundation, Inc.



PO Box 16486
Seattle, WA 98116
(206) 937-5358
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CME Scholarship Application For Student, Intern & Resident WOMA Members

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

____ Student ____ Intern ____ Resident

Osteopathic Medical School _____ Class Year _____

Postgraduate Program _____

WOMA Program Applying for:

____ Spring Seminar ____ Convention ____ Fall Seminar ____ Winter Seminar

I agree to attend the entire CME program for which I have requested a scholarship. If I am unable to attend, I will notify the WOMA office immediately.

Signature _____

Directions: Please complete this form and submit **with the CME program registration form**. Applicants must be Student or Postgraduate members of WOMA. Registration fee is paid directly to WOMA by the Washington Osteopathic Foundation.