

Mentorship In Medicine

Maui County Medical Society & Maui Memorial Medical Center
Summer 2008

Full Name: _____
Last First Middle

Current Address: _____
Street or PO city/state zip code

Phones: _____
Home Cell Other

School: _____ Current Grade: _____

In Case of Emergency Notify: _____

Relationship : _____ Phone: _____
(must be a parent or legal guardian)

Personal Statement

Please respond to the following questions. Your response should be word processed and attached to this application.

- If you had the ability to change anything you wanted in the world, what would be the first two things you would change?
- Why would you change them?
- How would you change them?

DEADLINE FOR RETURN OF APPLICATION IS APRIL 5, 2008

Mail completed applications to:

**Maui Chest Medicine
380 Huku Lii Place, Suite 204
Kihei, HI 96753**