**Cover Letter for Otago Medical School Scholarship Application**

(Maximum 1 page or as stated in the particular scholarship guidelines, Times New Roman, font size 12)

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| --- | --- |
| Name of Scholarship: |  |
| Student Name: |  |
| Student ID: |  |
| MB ChB Year: |  |
| Admission pathway into  MB ChB: |  |
| Date: |  |

Begin here: