**Scholarship Acceptance Letter**

Date

Your Name

Address

Donor Name

Address

Dear Scholarship Donor,

My lifelong dream of attending medical school is moving forward,

thanks to generous educational scholarships like yours. Since being

named one of the recipients of the

Scholarship, my dream is becoming a reality at

College/ University Medical School. The S award gives me

an opportunity to earn skills that will serve the medical community

following graduation. Thank you personally for your generosity:

Without scholarship patrons willing to support medical education,

students such as myself would be unable to pursue advanced health

care degrees.

Your scholarship will help me earn credentials in Pediatric Medicine,

which requires special training and coursework. My passion for

medicine is matched only by my love for children, so my decision

to specialize in Pediatrics comes from the heart.

Thanks to your continued generosity and the Scholarship.

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| --- | --- |
| Sincerely,Your Name |  |