

Metaphrasis Medical Interpreter Training Scholarship Application

PARTICIPANT'S INFORMATION

First Name Last Name

Address

City State Zip

Home Phone Mobile Phone

Email

Gender: Male Female

Preferred Contact Method: Email Home Phone Mobile Phone

Metaphrasis considers applicants for training without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Mail: **Metaphrasis
Scholarship Program
1147 W. Ohio, Suite 306
Chicago, Illinois 60642**

Or email to:
info@metaphrasislcs.com

EDUCATION BACKGROUND - Please list all educational institutions you attended.

Provide the location, the grade levels you attended, and the degree you may have earned at that institution.

Name of Educational Institution	Location of Institution City, State, Country	Grade Levels Attended	Degree Earned (if applicable)

Years lived in the US if not a natural-born citizen: _____ Not applicable, I was born in the U.S

How did you hear about the scholarship program? _____

LANGUAGES SPOKEN - Including English, what languages are you fluent in and how did you learn them?

Indicate which scholarship month you are applying for: Winter Spring Summer Fall

Signature

Date

I further understand once I accomplish my 48 hour medical interpreter's training and 40 hours of internship, I must also complete one year of continuous interpreting assignments solely with Metaphrasis.

Metaphrasis Language & Cultural Solutions, LLC

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1147 W. Ohio, Suite 306, Chicago, Illinois 60642 • Phone: 815-464-1423 • Fax: 312-243-2026