



SUFFOLK COUNTY MEDICAL SOCIETY & SUFFOLK ACADEMY OF MEDICINE



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Suffolk County Medical Society

Request for Letter of Recommendation

Dear _____,

We are reaching out on behalf of _____, who is applying for our Doctors of Tomorrow Scholarship Program, an initiative dedicated to supporting aspiring medical professionals. As part of the application process, each candidate is asked to provide a letter of recommendation from someone who can speak to their character, achievements, and potential in the field of medicine. Your insights would be invaluable in helping us assess their qualifications for this scholarship. We kindly ask that you send your letter of recommendation to the student's guidance counselor, who will submit the letter to us along with several other components of the application.

Thank you very much for your time and support. Please feel free to reach out to us at doctorsoftomorrow@scms-sam.org if you have any questions.

Regards,
Hephzibah Yoo
Suffolk County Medical Society
Suffolk Academy of Medicine

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