

Date: [Insert Date]

[Applicant Name]

[Applicant Address]

[City, State ZIP Code]

[Email Address]

Dear [Applicant Name],

Congratulations! On behalf of the Admission Committee at [Medical School Name], I am delighted to inform you of your official acceptance into the [Entering Class Year] Doctor of Medicine program. We recognize your exceptional academic achievements, dedication, and commitment to the field of medicine.

In recognition of your outstanding accomplishments and potential, we are pleased to offer you the **[Name of Scholarship]** scholarship. This scholarship provides financial support in the amount of [scholarship amount] per year, renewable for up to [number of years] years, provided you maintain satisfactory academic progress as outlined in our scholarship policy.

Acceptance Instructions

1. To confirm your place in the entering class, please complete and return the enclosed Intent to Enroll form by **[Acceptance Deadline]**.
2. Review and sign the scholarship agreement included with this letter.
3. Submit your tuition deposit of [deposit amount] by the stated deadline, if applicable.
4. Complete all remaining admissions requirements, including submission of final transcripts and other relevant documentation.

We are confident that your passion and dedication will contribute greatly to our academic community. Should you have any questions regarding your enrollment or scholarship, please do not hesitate to contact our office at [admissions office phone number] or [admissions office email].

Welcome to [Medical School Name]! We look forward to supporting you on your journey to becoming a physician.

Sincerely,

[Name of Dean or Admissions Officer]

[Title]

[Medical School Name]

[Contact Information]