

## UCSD Department of Medicine Visiting Scholarship Application

**Please note: Students must have applied and be accepted to the desired UC San Diego Department of Medicine's clinical elective program through the AAMC Visiting Student Application Service (VSAS) before the scholarship is processed.**

Name:

Today's Date:

Medical School:

Expected Graduation Date:

Date of Birth:

Gender:

Do you identify as  
transgender/nonbinary?:

Contact Cell Phone Number:

Email Address:

Which electives did you apply for? Please list names and dates below:

Have you been accepted via VSAS to any of these electives? If so, please specify which elective:

**Students must come from a disadvantaged background** as defined by the U.S. Department of Health and Human Services: "An individual from a disadvantaged background is defined as one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school or from a program providing education or training in an allied health profession."

Please check all criteria that apply to you.

### Demographics:

African American or Black

American Indian or Alaska Native

Asian/Asian American

Caucasian or White

Latino/a or Hispanic

Middle Eastern/South Asian

Native Hawaiian or Pacific Islander

South East Asian/Asian American (Vietnamese, Cambodian, etc.)

LGBTQI+

Other

Prefer not to answer

# UC San Diego

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## SCHOOL OF MEDICINE

### Circumstances:

Worked 20 or more hours per week through undergraduate college

Received Financial Assistance Program for the MCAT

First in your family to become a doctor

Attended a low-performing K-12 school

Received AMCAS Fee Waiver when applying to medical school

Do you have a disability (physical or mental impairment that substantially limits one of more major life activities)?

If disabled, which of the following describes your disability/ies?

Hearing

Visual

Mobility

Mental/Cognitive

Mood/Emotional

What is your USMLE Step 1 Score?

Did you have to take Step 1 more than once?

# UC San Diego

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## SCHOOL OF MEDICINE

Please provide an explanation to the statements below (300 word maximum per statement):

- a. Please explain how you qualify for this program based on one/or all of the criteria listed above.

- b. Please write a statement about your demonstrated interest in serving underserved communities.

- c. What are your goals for coming to UC San Diego?

Please provide the following attachments with this application:

- A copy of your most recent transcript with grades
- A faculty letter of recommendation

Please email this completed application, transcript, and letter of recommendation to [j1hale@ucsd.edu](mailto:j1hale@ucsd.edu) in advance of your desired elective.

If you have questions about the scholarship, please contact Dr. Luis Castellanos, the Director of Diversity in Medicine at [lrcastellanos@ucsd.edu](mailto:lrcastellanos@ucsd.edu).