

UC San Diego
SCHOOL OF MEDICINE

**UCSD Department of Pediatrics
Visiting Student URiM Scholarship Application**

Name:

Today's Date:

Medical School:

Expected Graduation Date:

Gender:

Male

Female

Transgender man/trans man

Transgender woman/trans woman

Genderqueer/gender nonconforming neither exclusively male nor female

Additional gender category (or other); please specify: _____

Decline to answer

Contact Cell Phone Number:

Email Address:

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

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

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Native Hawaiian or Pacific Islander
South East Asian (Vietnamese, Cambodian, etc.)
LGBTQI+

Other
Prefer not to answer

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
Had no parents or legal guardians who completed a bachelor's degree
Received AMCAS Fee Waiver when applying to medical school
Was homeless or in the Foster Care system
Received support from WIC or SNAP

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

YES/NO

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

Physical
Hearing
Visual
Mobility
Mental/Cognitive
Mood/Emotional
Prefer not to say

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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.

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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



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Please email this completed application, transcript, and letter of recommendation to Vanessa Villo at vavillo@health.ucsd.edu in advance of your desired elective.

If you have questions about the scholarship, please contact Dr. Kay Rhee, the Vice Chair of Equity, Diversity & Inclusion in Pediatrics at k1rhee@health.ucsd.edu.