

**UCSD Department of Pediatrics
Visiting Student Underserved Subspecialties Scholarship Application**

Name:

Today's Date:

Medical School:

Expected Graduation Date:

Contact Cell Phone Number:

Email Address:

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

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

a) Please explain your interest in pursuing careers in the pediatric subspecialty listed above.

b) 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 Vanessa Villo at vavillo@health.ucsd.edu in advance of your desired elective.