



Office of Student and Resident Diversity

### Visiting Elective Program Application

**Please note: Students must have applied *and be accepted* to the desired UC Davis department’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?: \_\_\_\_\_  
 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        | Native Hawaiian or Pacific Islander |
| American Indian or Alaska Native | South East Asian/Asian American     |
| Asian/Asian American             | (Vietnamese, Cambodian, etc.)       |
| Caucasian or White               | LGBTQI+                             |
| Latino/a or Hispanic             | Other                               |
| Middle Eastern/South Asian       | 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
- 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?

Please provide the following attachments with this application:

1. A copy of your most recent transcript
2. A one (1) page maximum statement on both of the below statements:
  - 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.

**Please email all completed documents to [hs-osrd@ucdavis.edu](mailto:hs-osrd@ucdavis.edu) at least six (6) months in advance of your desired elective.**