

Department of Pathology Clinical Rotation Medicine Diversity in Medicine Scholarship Application

Diversity in Medicine Visiting Elective Program Scholarship Application

Thank you for your interest in the Diversity in Medicine Visiting Elective Program Scholarship with the Department of Pathology and Laboratory Medicine UC Davis! Eligible participants are full-time, fourth-year medical students in good standing at accredited U.S. medical schools. Students remain registered at their own schools while participating in the two-week elective at UC Davis. Each student must complete an application form through the American Association of Medical Colleges' Visiting Student Learning Opportunities (VSLO) Application Service at aamc.org/vslo.

2024 - 2025 Application Cycle

Scholarship application cycle opens October 1, 2024. To help you plan accordingly, please note that your VSLO application must be approved no later than 60 days prior to the start of your rotation. Students must have applied and be accepted to department's clinical elective in person program through the AAMC Visiting Student Application Service (VSAS) before the scholarship is awarded. You will be contacted via email.

First Name:

Middle Name:

Last Name:

Previous First Name (if different than current)

Previous Last Name (if different than current)

Primary Phone Number

Email Address

Medical School

Expected Graduation (Month/Year)

OPTIONAL: If you already have a National Provider Identifier (NPI) number, please enter it below.

Please list names and dates below for electives to which you have applied
(https://health.ucdavis.edu/pathology/education/medical_school_course/courses.html):

Gender Identification

- Female
 - Male
 - Non-binary/ third gender
 - Transgender
 - Prefer not to say
 - Prefer to self-describe _____
-

Gender pronouns (e.g. she/her/hers, they/them/theirs, he/him/his)

Do you self-identify as LGBTQH+?

- Yes
 - No
 - Prefer not to answer
-

Ethnicity

- Hispanic/Latino
 - Not Hispanic/Latino
-

Race Identification

- African American/Black
 - Chinese/Chinese American
 - East Indian/Pakistani
 - Filipino/Filipino American
 - Japanese/Japanese American
 - Korean/Korean American
 - Mexican/Mexican American
 - Pacific Islander (includes Native Hawaiian, Micronesian, Polynesian, and other Pacific Islanders)
 - Vietnamese/Vietnamese American
 - Other Asian (not including Middle Eastern)
 - Other Spanish-American (includes Cuban, Puerto Rican, Central and South American)
 - Two or More
 - Other (not listed above) _____
 - Unknown/Unavailable/Decline to State
-

Race Identification (continue)

Please specify which category best applies to you:

- African American
 - African
 - Afro Caribbean
 - Other African _____
-

Race Identification (continued)

Please specify which category best applies to you:

- American Indian
 - Alaska Native
-

Race Identification (continued)

Please specify which category best applies to you:

- Bangladeshi
 - Cambodian
 - Hmong
 - Indian
 - Indonesian
 - Laotian
 - Taiwanese
 - Other Asian _____
-

Race Identification (continued)

Please specify which category best applies to you:

- Argentinian
 - Colombian
 - Cuban
 - Dominican
 - Peruvian
 - Puerto Rican
-

Race Identification (continued)

Please specify which category best applies to you:

- Guamanian/Chamorro
 - Native Hawaiian
 - Samoan
 - Other Pacific Islander _____
-

Race Identification (continued)

Please specify which category applies to you:

- European
 - Middle Eastern
 - North African
 - Other White/Caucasian _____
-

As a prospective visiting student, we want to support you and provide any necessary accommodations during your rotation.

If you are accepted into the program, will you require housing during your rotation?

- Yes, I will need housing.
 - No, I have identified other housing during my rotation.
-

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

- Yes
 - No
 - Do not wish to disclose
-

Which of the following describes your disability/ies?

- Hearing
- Visual
- Mobility
- Mental/Cognitive
- Mood/Emotional

Letter of Intent Letter of Intent: Answer the following questions below to complete your scholarship application. For each question, please limit the word count to 500 - 700 words maximum.

Describe your path to medicine, providing insights into the pivotal moments and experiences that have influenced your decision to pursue medicine.

Describe your interest in supporting underserved communities through your actions and involvement. What health disparities have you discovered that affect these communities? What kind of healthcare initiatives are you interested in pursuing in the future to address these health disparities?

Briefly explain your potential to contribute to your chosen elective program through your understanding of the barriers facing underrepresented groups in medicine (including individuals from African American/Black, Latinx, and Native American backgrounds), as evidenced by your life experiences, work experience, or educational record.

Discuss your interest in joining UC Davis Health and/or serving Northern California, outlining the reasons behind your choice and how it aligns with your professional goal(s). What contributions will you bring to UC Davis Health and/or Northern California communities?

OPTIONAL: You may submit any applicable documents to be reviewed as part of your application (resume/CV). Letter of Recommendations are not required.
