University of Arizona, College of Medicine – Tucson Diversity in Medicine Visiting Student Scholarship Application Form

Name (Last, First):	
Preferred Name:	
Address:	
Email Address:	Phone Number:
Gender: □Male □Female □Nonbinary	☐ Decline to Answer
Race: □ White □ Black or African American □ Asian □ American Indian or Alaska Native □ Native Hawaiian or Other Pacific Islander □ Decline to Answer	
Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Decline to Answer	
Medical School:	Expected Date of Graduation:
Have you completed and passed Step 1: □Yes □No	
Department in which you will be completing Visiting Elective:	

COMPLETED APPLICATIONS WILL ADDITIONALLY INCLUDE THE FOLLOWING:

- Brief statement (500 word limit) that describes interest in attending the University of Arizona, explains how student views themself as under-represented in medicine and demonstrates commitment to diversity, equity and inclusion
- One letter of recommendation from a clinical faculty member
- Curriculum Vitae
- Letter of good standing from accredited medical/osteopathic school
- Official medical school transcript