



HEALTH CARE FOR TOMORROW

Health Care for Tomorrow Medical Education Scholarship Application

Please complete all sections of the application. **The deadline for submission is February 25th.**

SECTION 1 – PERSONAL INFORMATION

Name:	Date of Birth:
University Name:	Student ID Number:
Campus address:	Permanent address:
Cell Phone:	Home Phone:
Email address:	

SECTION 2 – ACADEMIC INFORMATION

Current Year (M1-M4): _____

Number of students in your class: _____

Student Class Ranking: Top 15% Top 25% Top 50% Bottom 50% of Class

Anticipated State and City of practice: _____

Anticipated field of study /residency: _____

SECTION 3 –ACTIVITIES AND INTERESTS

A. List foreign languages spoken and briefly describe any cultural competencies acquired.

Language(s)	Proficiency (adv., inter., begin.)	Where do you use (Home, work)

Brief description of your cultural competencies:



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B. List and briefly describe extracurricular or volunteer activities held during your medical program:

Organization	Activity	Date of Involvement

Brief description of how you participated:

C. List honors or academic awards you have received during your medical training (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date

D. List and briefly describe you most significant work experiences:

Position	Employer	Dates of Employment

Brief description of your work responsibilities:



HEALTH CARE — FOR TOMORROW —

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SECTION 4 – SHORT ESSAYS

Maximum word count: 250 per question.

A. Why do you want to dedicate your career to helping the underserved and vulnerable populations?

B. What will you specifically do to help vulnerable populations once you obtain your degree?

C. Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of the application. Please be specific.