

Application for UCD SOM Visiting Elective Program

Name _____ Today's Date _____

Medical School attending: _____ Expected Grad. Date _____

Date of Birth _____ Gender ___M ___F ___Transgender

Cell phone number _____ Email _____

Which Clerkship's are you applying for and please rank your preference:

Which dates would you want to attend: _____

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 circle the criteria's which is applicable to you:

- Ethnicity/demographics
 - African American or Black
 - American Indian or Alaska Native
 - Asian/Asian American
 - Caucasian or White
 - Latino or Hispanic
 - Native Hawaiian or Pacific Islander
 - South East Asian/Asian American (Vietnamese, Cambodian, etc.)
 - LGBTIQ
 - Other
 - Prefer not to answer
- Worked 20 or more hours per week through undergraduate college
- Did you receive the Financial Assistance Program for the MCAT
- 1st in your family to become a doctor:
- Attending 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)?

- Yes
- No
- Do not wish to provide

If disabled, which of the following describes your disability(ies)?

- Hearing
- Visual
- Mobility
- Other

Please provide no more than a 1 page statement on both of the below statements.

1. Please explain how you qualify for this program based on one/or all of the criteria listed above.

2. Please write a statement about your demonstrated interest in serving underserved communities.

Please provide a transcript

Please provide your Step 1 score _____

Did you have to take the Step 1 more than once ___ Yes ___ No

**Please fax or email completed documents to (916) 703-5568 or
mavillegas@ucdavis.edu**

Please note students must also apply to their department's clinical elective program through VSAS and be accepted into a clerkship before the scholarship is processed.