



PHYSICIANS MEDICAL FORUM

"The ultimate reason to become a medical doctor is to help people. PMF is in this business" _s

APPLICATION for

VISITING ELECTIVE SCHOLARSHIP PROGRAM

University of California, Davis School of Medicine

Please submit the following materials:

- Completed VESP application (see next page)
- Personal Statement
- Current CV
- Letter of recommendation from a faculty member in your department of interest (can be the same as the letter submitted to the clinical elective program). Please have this directly submitted to Dr. Darin Latimore, Associate Dean at mavillegas@ucdavis.edu.
- An official school of medicine academic transcript.

The Applicant:

Last Name	First Name	Date
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Medical School Attending	Expected graduation date
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Email

Home Telephone	Mobile Phone
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Date of Birth _____ Gender: Female Male Transgender

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

Which dates would you want to attend: _____

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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 the criteria's which is applicable to you:

- Ethnicity/demographics
 - African American /Black
 - American Indian/Alaska Native
 - Asian/Asian American
 - Caucasian/White
 - Latino/Hispanic
 - Native Hawaiian/ Pacific Islander
 - South East Asian/Asian American (Vietnamese, Cambodian, etc.)
 - LGBTIQ
 - Other
- Worked 20 or more hours per week through undergraduate college
- Did you receive the Financial Assistance Program for the MCAT Yes No
- 1st in your family to become a doctor Yes No
- Attending a low performing K-12 school Yes No
- Received AMCAS Fee Waiver when applying to Medical School Yes No

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 disabilities?

Hearing Visual Mobility Other

Please provide no more than a 1 page statement for each 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

Attn: Darin Latimore, M.D., Associate Dean at (916) 734-1829

OR

Email to: 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.