

University of California, San Francisco
Visiting Elective Scholarship Program (VESP)

Instructions for Application for VESP

Please submit the following materials:

- Completed VESP application (see next page) includes personal statement
- Current CV
- Letter of recommendation from a faculty member in your department of interest (email to UCSF-GME@medsch.ucsf.edu)
- An official medical school academic transcript

Submit all VESP materials to*:

UCSF Visiting Elective Scholarship Program
UCSF Office of Graduate Medical Education (OGME)
500 Parnassus Ave, MU 250E
Campus Box 0474
San Francisco, CA 94143-0474
email: UCSF-GME@medsch.ucsf.edu

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- Students must also apply to their department's clinical elective program through the UCSF School of Medicine and be approved.**
meded.ucsf.edu/ume/visiting-students

Disclaimer: The UCSF Office of Graduate Medical Education is deeply committed to diversity and promoting a culture of inclusion in all of its forms. The questions below are intended to promote these goals. All of the information in this application will be kept in strict confidence.

VESP APPLICATION FORM

(To type your information on this page, use your mouse to go to grey box on the form. Enter text, or use your mouse to click the appropriate check box)

The Applicant:

<i>Last Name</i>	<i>First Name</i>	<i>Birth date</i>		
<i>Current address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
<i>Permanent address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
<i>Primary Email</i>		<i>Alternate Email</i>		
<i>Home Telephone</i>		<i>Mobile Phone</i>		

Salutation: Dr. Maj. Miss Mr. Mrs.
 Ms. Mx. Prof. Other: _____

Sex: Female Male Decline to answer

What is your current gender identity?

Male Female Trans male/Trans man Trans female/Trans woman
 Genderqueer/Gender non-conforming Different Identity

Please select the set of pronouns you want people to use to refer to you.

She/Her/Hers He/Him/His They/Them/Theirs Ze/Hir/Hirs
 Other: _____

Your Current Medical School:

Current Year at your Medical School (please check one)

3 4 Other: please specify: _____ Expected Date of Graduation: _____

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

*Yes No Decline to state

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

Hearing Mobility
 Visual Other: _____

Disadvantaged Background:

Yes No

IF YES, please check category:

Family with an annual income below established low-income thresholds.
 Social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

IF YES, please explain further why you consider yourself disadvantaged (limit 250 words):

First Generation in Family to Attend College: Yes No

Race/Ethnicity: What is your racial background? (OPTIONAL. Check all that apply)

African American/Black

- Native-born Black American
- African (origin in black racial group)
- Haitian
- West Indian

Asian

- | | |
|---|---|
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Burmese/Myanmarese | <input type="checkbox"/> Malaysian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Nepali |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian, specify |

Caucasian or White (of Europe, North Africa, or the Middle East)

Hispanic/Latino

- | | |
|---|--|
| <input type="checkbox"/> Central American | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> South American, specify |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic, specify |

Native American

- American Indian
- Native Alaskan
- Native Hawaiian

Pacific Islander

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Polynesians |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Marshallese | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Melanesians | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Micronesians | <input type="checkbox"/> Other Pacific Islander, specify |

Prefer not to disclose

How did you learn about this program?

Personal Statement

Applicant: Either cut and paste or type directly into the grey box below. (Max: 1,500 words)

Instructions: Please describe your experience in working with diverse communities and future plans upon completing residency training.