



**BerbeeWalsh Department of
Emergency Medicine**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Diversity Scholarship for Visiting Medical Students

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS: CITY:

STATE:

EMAIL ADDRESS:

ZIP CODE:

DATE OF BIRTH:

PHONE NUMBER:

Personal Identifiers

Gender:

Gender Pronouns:

Which of the following groups do you identify with (select all that apply):

- | | | | | | | |
|---------------------------|---------------------|--------------------|-------------------|--------------------|---------------------|---------------------------|
| Black/African
American | Latinx/
Hispanic | Native
American | Alaskan
Native | Native
Hawaiian | Pacific
Islander | Other
(Please Specify) |
|---------------------------|---------------------|--------------------|-------------------|--------------------|---------------------|---------------------------|

EDUCATION

MEDICAL SCHOOL:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:



In 500 words or less please describe any hardships or challenges that you have faced as an underrepresented minority and how you plan to use those experiences when caring for underserved populations.

In 500 words for less please describe any experiences in your personal life or in your training that have led you to appreciate the difficulties faced by the medically underserved. How do you foresee caring for the underserved in your future practice?

REQUIRED DOCUMENTS

- Completed scholarship application form
- Letter of intent
- Letter of recommendation/support
- CV & unofficial transcript
- Step 1 score report

Please submit all completed material to the Medical Student Program Manager, Niki Hagen, at nrhagen@medicine.wisc.edu.