Application Process

* Submit application through VSAS
* Complete a supplemental application
* Email application and all supplemental materials to Latisha Tyson at ltyson3@hfhs.org

Application Deadline

• May 1, 2025

APPLICATION

CONTACT INFORMATION

Name:

AAMC ID:

Address:

Email: Phone:

BIOGRAPHIC INFORMATION

Race/ethnicity: Citizenship:

Country of Birth: Date of Birth:

EDUCATION

Current Medical School:

Expected year of graduation and degree:

ELECTIVE DATE OF INTEREST: Preferred Month of Clerkship:

 1st\_\_\_\_\_\_\_\_\_\_ 2nd\_\_\_\_\_\_\_\_\_\_\_ 3rd\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL STATEMENT

Please explain in 400 words or less why you are interested in this opportunity and what makes you a good candidate for receiving this award. Please include a brief description of how you meet the criteria for a medical student that is underrepresented in medicine.

PLEASE SEND THE FOLLOWING

* Current transcript
* CV
* Letter confirming good academic standing
* Letter from the financial aid office indicating level of need

Application deadline is May 1, 2025