



**Scholarship Program for Visiting Underrepresented Minority (URM) Students
Supplemental Application Form**

Last Name: _____ First Name: _____

Address: _____

Phone: _____ Email: _____

Race/Ethnicity: _____ Gender: _____

Medical School: _____ Expected Date of Graduation: _____

USMLE Step I Score: _____

Proposed Dates (Provide 3 choices): #1 From _____ To _____

(4-week rotation) #2 From _____ To _____

#3 From _____ To _____

Describe your career goal

Describe your interest in an elective at Weill Cornell Medicine



Describe your commitment to promoting the health of diverse patient populations

Note: Please see the program flyer for detail on the application process. Application Deadline is **April 15, 2018**