



2012 “LMSA Scholarship for U.S. Medical Students”

The “LMSA Scholarship for U.S. Medical Students” was developed in 2009 to assist medical students with the financial burden of applying to accredited U.S. Medical Schools. Personal qualities, financial need, academic and extracurricular achievement will be considered in the selection process.

ELIGIBILITY

- Must be committed to pursuing a medical degree and dedicated to serving the Latino and underserved communities.
- Applicants should demonstrate a desire to advance the state of healthcare and education in Latino and underserved communities through leadership in extracurricular activities and/or membership in civic organizations.
- Eligible applicants should be either applying for *matriculation* into a U.S. accredited medical school in 2012 or be enrolled as a medical student in an U.S. accredited medical school by the time the award is given with expected graduation date of 2012 or later.
- Students interested in applying to Allopathic and/or Osteopathic Schools of Medicine are welcome to apply.
- Students are eligible to receive the scholarship regardless of immigration status.
- Please see the application for additional details. LMSA-National reserves the right to withdraw or withhold scholarship pending submission of necessary documents.

APPLICATION DEADLINE: JANUARY 1st, 2012 at midnight CST. It is the student's responsibility to submit a complete application and all supporting documents by the deadline, extensions will not be granted. Incomplete or late application materials will result in ineligibility.

1. COMPLETED APPLICATION: Application form must be typed and attached to email in Word format and shall not exceed the space provided.
2. PERSONAL STATEMENT: Please write a required *one-page* personal statement (*single spaced, 12-pt. font*) describing your family and personal background, professional objectives, involvement and contribution(s) to the Latino community (ie: volunteer experiences, work experiences, etc.), and how you would assist LMSA-National in its mission to provide health care to the Latino and underserved communities. The personal statement is one of the most important selection criteria and is equivalent to an interview.
3. PROOF OF ACCEPTANCE TO A U.S. ACCREDITED MEDICAL SCHOOL:
 - Incoming M1 students: Signed letter in official letterhead from medical school stating the applicant will be attending their institution and he/she is registered as an M1 student.
 - For M2-M4 students: Signed letter in official letterhead from medical school stating the applicant is registered as a medical student in their institution in good academic standing.
 - Will be requested after award is announced.

Application questions and other inquiries should be sent to the above address or emailed to lmsa.nsc@gmail.com. Please title your email: LMSA-National Scholarship for U.S. Medical Students.

Award amounts for scholarships are dependent upon funding raised annually. LMSA-National cannot guarantee complete funding of medical school application fees. LMSA-National cannot make any guarantees about the amount to be awarded or the number of awards to be given. Determination of which scholarship to be awarded will be based on the information provided on the application and at the sole discretion of the selection committee.

2012 LMSA SCHOLARSHIP FOR U.S. MEDICAL STUDENTS APPLICATION FORM

APPLICATION MUST BE SUBMITTED BY JANUARY 1st, 2012. PLEASE TYPE ANSWERS INTO SPACE PROVIDED.

Personal Information

Name (Last, First):

Address, City, State, Zip:

Email Address:

School Telephone: ()

Permanent Telephone: ()

Birth Date:

Birth Place (City, State, Country):

High School Education

Name: _____

City: _____ State / Country: _____

Undergraduate and/or Post-Baccalaureate Education

College Name: _____ Dates Attended: _____

Major: _____
Degree Expected/Received: _____ Date: _____

College Name: _____ Dates Attended: _____

Major: _____
Degree and/or Career Focus: _____

College Name: _____ Dates Attended: _____

Major: _____
Degree and/or Career Focus: _____

Graduate Education

Graduate School: _____ Dates Attended: _____

Area of Study: _____ Graduate Degree: _____

Class Standing (Check One):

Medical School: Incoming First Year

Please specify: Senior Undergraduate, Post-baccalaureate - Final Year, Graduate - Final Year

Second Year

Third Year

Fourth Year

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Please include as much information about activities as possible (i.e., hours worked per week, dates of service, descriptions of activities, and your role). Do NOT exceed one page.

Community Service, Volunteer, Leadership, and Clinical Experience(s):

Employment and Work Experience(s):

Research, Publications and other Scholarly Endeavors:

Awards and Achievements:

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IMPORTANT INFORMATION AND INSTRUCTIONS:

- Falsification of information may result in termination of any scholarship granted.
- The number of applications received greatly exceeds the number of available scholarships, please be patient.
- Award recipients will be announced at our 7th Annual National Conference, which will be held at Harvard Medical School in Boston, MA. (February 3-4th, 2012).

CERTIFICATION: Student must read and print their name below to be eligible for consideration.

I have read and understand the scholarship eligibility criteria. All of the information provided is complete and accurate to the best of my knowledge. By signing below, I am certifying that I am a student with the honest intentions of entering a professional medical career and possess the heartfelt desire towards serving the Latino community with their healthcare needs.

Falsification of materials or use of funds for other than medical school tuition and fee related expenses might result in the termination of any scholarship award provided. Application materials will become the property of the LMSA-West Scholarship Committee and will not be returned.

PRINT NAME _____ Date _____

Please submit completed and signed application **as early in the application period as possible**. Incomplete or late application materials will not be considered. **DEADLINE IS JANUARY 1st, 2012**.

Applicants are welcome to contact scholarship administrators for questions and other inquiries at lmsa.nsc@gmail.com
Please title your email: "LMSA Scholarship for U.S. Medical Students".

THANK YOU FOR APPLYING FOR THE LMSA SCHOLARSHIP FOR U.S. MEDICAL STUDENTS, LMSA-NATIONAL WISHES YOU SUCCESS!