

# 2017-2018

## Janine Gonzalez Scholarship

### MCAT Preparatory Course



The Janine Gonzalez MCAT Preparatory Course Scholarship was developed to assist pre-medical students with the financial burden of preparing for the Medical College Admissions Test (MCAT) required to apply to accredited U.S. Medical Schools. Personal qualities, financial need, academic/extracurricular achievement and timeline for taking the MCAT will be considered in the selection process. The Scholarship consists of a voucher to take a preparatory course with Kaplan, Inc. Specific courses eligible for scholarship recipients are dependent upon the sponsor. 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. LMSA does not make any guarantees about the number of awards to be given.

#### ELIGIBILITY

- Must be committed to pursuing a career in medicine and dedicated to serving the Latino and underserved communities.
- Applicants should demonstrate a desire to advance the state of healthcare and education in education in Latino and underserved communities through leadership in extracurricular activities and/or membership in civic organizations.
- Eligible applicants should be applying for matriculation into Allopathic or Osteopathic Schools of Medicine in 2018 or 2019.
- Strong consideration will be placed upon financial need, as well as the applicant's timeline for taking the MCAT and applying to medical school.
- Students are eligible to receive the scholarship regardless of migratory status.
- Student must be a resident within the LMSA Western region (Arizona, California, Oregon, Utah, Washington).
- Student must be a dues-paying pre-med member of LMSA (for membership see <http://lmsa.net/west/register/premeds/>).
- LMSA reserves the right to rescind awards pending lack of submission or falsification of any documents.

**APPLICATION DEADLINE: December 22, 2017 at 11:59pm PDT.** Electronic submissions only. 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. Please submit ALL materials via a single email (except letter of recommendation) to VP\_Scholarship@lmsa.net. *All application materials must be submitted via email in **Adobe Acrobat PDF format.***

1. **COMPLETED APPLICATION:** Application must be submitted electronically and shall not exceed the space provided. Signature page must be electronically signed. The page for extracurricular activities and timeline may be spaced differently to fit the applicant's activities but may not exceed TWO pages.
2. **PERSONAL STATEMENT:** A required *one-page* personal statement (*single spaced, 12-pt. font*) describing your family and personal background, educational objectives, community involvement, financial need and how you would assist LMSA in its mission to provide healthcare to the Latino community. The personal statement is one of the most important selection criteria and is equivalent to an interview. Resumes are not acceptable. Please do not send any additional material not requested to supplement the personal statement.
3. **LETTER OF RECOMMENDATION:** Please submit *one* confidential letter of recommendation addressed to the LMSA Scholarship Committee, via email to VP\_Scholarship@lmsa.net, subject "JANINE GONZALEZ MCAT PREP SCHOLARSHIP 2017 - "Applicant Last Name, First Initial" LOR. Letters of Recommendation **MUST** be on official letterhead and emailed directly by to VP Scholarship by the recommender. The letters should comment on the following: your academic performance, academic and community achievements, personal qualities, potential for future success, and contributions to the Latino community. It is preferred that each of these areas be specifically addressed.
4. **TRANSCRIPT(S):** Electronically submit unofficial transcript(s) from all institutions attended showing a cumulative GPA and course work to date to VP\_conference@lmsa.net. If awarded a scholarship, official transcripts must be sent to verify reported grades within 1 week of award notification. LMSA reserves the right to rescind awards if any falsification is found when comparing official and unofficial documents. Official transcripts may be submitted via email (preferably) or postal mail directly from the registrar's office to VP\_conference@lmsa.net.

5. FINANCIAL AID INFORMATION: Please include a complete copy of your **2017-2018** Student Aid Report (SAR) and Financial Aid Award Letter. If you did not apply for Financial Aid, please submit a statement indicating your expected expenses for the **2017-2018** academic year and an explanation of why you did not apply or qualify for Financial Aid and the need for this scholarship.

Application requests, questions, and other inquiries should be emailed to [VP\\_Scholarship@lmsa.net](mailto:VP_Scholarship@lmsa.net).

# 2017-2018 LMSA JANINE GONZALEZ MCAT SCHOLARSHIP APPLICATION FORM

Application must be SUBMITTED BY **December 22, 2017 at 11:59pm PDT**. 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: \_\_\_\_\_ Class: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

## Undergraduate and/or Post-Baccalaureate Education

College Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Major: \_\_\_\_\_ GPA: \_\_\_\_\_  
Career Focus: \_\_\_\_\_  
Degree Expected: \_\_\_\_\_ Date: \_\_\_\_\_

College Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Major: \_\_\_\_\_ GPA: \_\_\_\_\_  
Degree and/or Career Focus: \_\_\_\_\_

College Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Major: \_\_\_\_\_ GPA: \_\_\_\_\_  
Degree and/or Career Focus: \_\_\_\_\_

## Graduate Education

Graduate School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_  
Area of Study: \_\_\_\_\_ Graduate Degree: \_\_\_\_\_

## Class Standing (Check One):

4-Year College:	Freshman	Sophomore	Junior	Senior
Post-baccalaureate:	First Year	Second Year	Third Year	Fourth Year
Graduate School:	First Year	Second Year	Third Year	Fourth Year

**Please include as much information about activities as possible (hours worked per week, dates of service, descriptions of activities and your role). Description of activities and application timeline should NOT exceed TWO pages.**

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

**Employment and Work Experience(s):**

**Research, Publications and other Scholarly Endeavors:**

**Awards and Achievements:**

**TIMELINE FOR TAKING THE MCAT AND APPLYING TO MEDICAL SCHOOL**

This timeline should detail when you plan to take the MCAT and apply to medical school. Please detail other activities planned concurrently, such as paid work, volunteering, shadowing, classes, etc., including hours per week/month.

*(Example: Planning to start studying 20 hours per week in January-April, enrolled in 12 credits for 1 quarter/semester, working 25 hours per week in January-April, shadowing 8 hours per month January-April, taking MCAT in April, applying to medical school in June).*

---

**MCAT® and Test Preparation:** (Please complete as Possible. Mark N/a for Not Applicable)

1. I have taken the MCAT®:                Yes        No                Number of times: \_\_\_\_\_

If yes, state the date(s) (month, year): \_\_\_\_\_

2. Scores of most recent MCAT®:

Physical Science	_____
Biological Science	_____
Verbal Reasoning	_____
Written Passage	_____

**AMCAS® OR AACOMAS® registration:** (Please complete as Possible. Mark N/a for Not Applicable)

1. I have applied to Medical school using    AMCAS®    or    AACOMAS®:    Yes        No                Number of times: \_\_\_\_\_

If yes, state the date(s) (month, year): \_\_\_\_\_

If yes, to how many schools did you apply? \_\_\_\_\_

2. Have you applied to a Caribbean and/or Foreign Medical schools:        Yes        No        If so, to how many: \_\_\_\_\_

3. Will you apply to a Caribbean and/or Foreign Medical schools:        Yes        No        If so, to how many: \_\_\_\_\_

4. When will you matriculate into Medical school:    2018        2019                Other (INELIGIBLE)

5. To how many school(s) do you plan to apply: \_\_\_\_\_

**FAMILY/PERSONAL FINANCIAL STATEMENT:**

**2017-18 Academic Year Expenses (estimated)**

Tuition	\$ _____
Books and supplies	\$ _____
Room and Board	\$ _____
Transportation	\$ _____
Other:	\$ _____
<b>Total Cost of Education</b>	<b>\$ _____</b>

**2017-18 Academic Year Income (estimated)**

2017-2018 Expected Student Salary	\$ _____
Scholarships/Fellowships	\$ _____
Federal Pell Grant	\$ _____
Student Loans	\$ _____
Other Grants	\$ _____
<b>Total PROJECTED Income 2017-18</b>	<b>\$ _____</b>

**2016 (last year's) Annual Family Income:**

Father's Gross Annual Income	\$ _____
Mother's Gross Annual Income	\$ _____
Applicant's Gross Annual Income	\$ _____
Spouse's Gross Annual Income	\$ _____
Savings/Investments	\$ _____
<b>TOTAL 2016 GROSS INCOME</b>	<b>\$ _____</b>

**Please explain** if you do not qualify for financial aid or specify any extraordinary, unforeseen, or very unusual expenses. You may include up to 200 words on a separate sheet of paper.

**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. All decisions/notifications are final.
- Award recipients will be notified in January 2018.

**Certification: Student must read and sign 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.

I also certify that I will apply this award toward an MCAT preparatory course with the sponsor. I authorize LMSA to share or publish my application information when necessary and give permission to share this information for the purpose of recruitment, public relations, or possible fund raising. Application materials will become the property of the LMSA Scholarship Committee and will not be returned.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This scholarship is run by LMSA, a non-profit student organization. The preparatory course will be run by Kaplan, Inc.

Please send completed and signed application with all necessary documentation **as early in the application period as possible**. Incomplete or late application materials will not be considered. **DEADLINE IS December 22, 2017 at 11:59pm PDT. Committee must have received both application and letter of recommendation electronically by this time.**

**Email to:** VP\_Scholarship@lmsa.net

**Subject:** JANINE GONZALEZ MCAT PREP SCHOLARSHIP 2017 - "Applicant Last Name, First Initial"

**Your email should contain attachments for:**

- 1) Completed Application
- 2) Personal Statement
- 3) Unofficial Transcripts
- 4) Financial Aid Information
- 5) Signed Certification Page

**Your Letter of Recommendation email should include:**

- 1) 1 Letter of Recommendation

\*Subject line: "JANINE GONZALEZ MCAT PREP SCHOLARSHIP 2017 - "Applicant Last Name, First Initial" LOR

Application requests, questions, and other inquiries should be emailed to VP\_Scholarship@lmsa.net

THANK YOU FOR APPLYING TO THE "JANINE GONZALEZ" MCAT PREPARATORY COURSE SCHOLARSHIP, LMSA WISHES YOU SUCCESS!