



# Latino Medical Student Association

Founded to represent, support, educate, and unify Latino(a) Medical Students

## 2017-2018 LMSA West Research Scholarship

The **Latino Health Student Research Scholarship** was developed in 2017 to support, encourage, and facilitate scholarly research and academic engagement by LMSA-West medical students. This scholarship will provide them with an opportunity to fund their projects, prepare their research and/or disseminate their work in the areas of Latino health and health disparities. The aims of this scholarship are to promote the exchange of information related to Latino health and to increase the amount of Latino students and Latino health focused academic research. Therefore, LMSA West will provide scholarship recipient with a one, time research scholarship, in the amount of up to **\$1,000** to support the development and dissemination of novel research in areas of Latino health and health disparities.

### ELIGIBILITY

- Must be committed to pursuing a career in medicine and dedicated to serving the Latino and underserved communities.
- Must have a developed project in process with an assigned mentor and timeline, and all necessary certifications per institution (IRB approval, consents, translation, etc).
- Must have a demonstrated financial need of funds for study recruitment, supplies, printing, travel, etc.
- **All LMSA-West medical students with demonstrated research project are encouraged to apply, preference will be given to students conducting research addressing Latino health and health disparities**
- Must register as LMSA medical student member dues paying member (Can contact LMSA Executive Board for financial assistance if needed)
- Applicants will submit their CV, letter of intent, and recommendation letter from a school faculty, research preceptor justifying use of funds
- Students are eligible to receive the scholarship regardless of immigration or citizenship status
- Must be a resident or attending school within the LMSA-West region states (Arizona, California, Oregon, Utah, Washington)
- Must be a dues-paying pre-med member of LMSA-West.
- Must submit a CV, letter of intent, and recommendation letter from a school faculty or research preceptor justifying use of funds
- LMSA-West reserves the right to withdraw or withhold scholarship pending submission of necessary documents.

### APPLICATION DEADLINE: **Feb 18, 2018 at 11:59PM PST. All application materials must ARRIVE by this date!**

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. *Materials must be submitted via email should be attached in a single **Adobe Acrobat PDF format**.*

1. COMPLETED APPLICATION: Application must be typed and shall not exceed the space provided. Signature page must be submitted by email.
2. PERSONAL STATEMENT: A required **one-page letter of intent** (*single spaced, 12-pt. font*) describing the **educational objectives of your research project, including study design, timeline, and future plans to**

**publish/present/ and or distribute your findings, and describe how you would assist LMSA-West in its mission to provide healthcare to the Latino and underserved communities and increase the academic presence of Latino health research..** The personal statement is one of the most important selection criteria and is equivalent to an interview. Please do not send any materials not requested.

3. LETTER OF RECOMMENDATION: Please submit *one* letter of recommendation addressed to the LMSA-West Scholarship Committee. The letter should comment on the **your role in the research, faculty members involvement, ways in which the study would advance Latino health knowledge and/or Latino representation in academic medicine.** The letter MUST be on official letterhead and signed, and may be emailed directly by the recommender (as an attached file on letterhead). The letter must ARRIVE by stated deadline.
4. ENROLLMENT VERIFICATION: Please submit a letter from the registrar verifying enrollment at the institution you are currently attending in the 2017-18 academic year.
5. CV: Please submit a copy of your most up to date CV

Application requests, questions, and other inquiries should be sent to the above address or emailed to [VP\\_Scholarship@lmsa.net](mailto:VP_Scholarship@lmsa.net) Please title your email: LMSA-WEST LATINO HEALTH RESEARCH SCHOLARSHIP.

Award amounts for scholarships are dependent upon funding raised annually. LMSA-West 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. This award will also cover travel expenses and conference ticket to attend this year's Annual LMSA West Regional Conference. The travel expenses will be reimbursed retrospectively, on the condition that itemized receipts are submitted by email to the above address within two days of the conference date.

**2017-2018 LMSA-WEST LATINO HEALTH RESEARCH SCHOLARSHIP FORM  
APPLICATION MUST BE RECEIVED BY Feb 18, 2018. PLEASE TYPE ANSWERS  
INTO SPACE PROVIDED.**

---

**Class Standing** (Check One):

First Year:\_\_\_\_ Second Year:\_\_\_\_ Third Year:\_\_\_\_ Fourth Year:\_\_\_\_

**ANTICIPATED EXPENSES OF STUDY:** Please provide an itemized breakdown of individual costs

**Research Expenses (estimated): \$**

**AMOUNT OF RESEARCH FUNDING OF OTHER SOURCES OF:** Please provide an itemized breakdown of all prior sponsorships of your research

**Other Research Financial support (estimated): \$**

---

**IMPORTANT INFORMATION AND INSTRUCTIONS:**

- Please make sure you have your full name on each document you submit.
- 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.
- Please DO NOT contact LMSA-West for application verification. Award recipients will be notified March 4, 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 and other underserved communities with their healthcare needs.

I also certify that I will apply this award toward expenses related to my education at a four-year university. I authorize LMSA-West 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 fundraising. Application materials will become the property of the LMSA-West Scholarship Committee and will not be returned.

Signature \_\_\_\_\_

Date \_\_\_\_\_

This scholarship is run by LMSA-West, a non-profit student organization.

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.

**RECEIPT DEADLINE IS Feb 18, 2018 11:59 pm. Email to: [VP\\_Scholarship@lmsa.net](mailto:VP_Scholarship@lmsa.net)**

**You may submit this application with the following items via e-mail ONLY:**

- 1) Personal Statement
- 2) Letter of Recommendation
- 3) Completed Application
- 4) CV
- 5) Signed Certification Page
- 6) Enrollment verification from medical Schools

Application questions, and other inquiries should be sent to the above address or emailed to [VP\\_Scholarship@lmsa.net](mailto:VP_Scholarship@lmsa.net) Please title your email: LATINO HEALTH RESEARCH SCHOLARSHIP

**THANK YOU FOR APPLYING FOR THE LATINO HEALTH RESEARCH SCHOLARSHIP, LMSA-WEST WISHES YOU SUCCESS!**