

Visiting Student URiM Diversity Scholarship Program Application Form

Please complete this form, attach your personal statement, CV, Letter of Good Standing from Dean's Office and return it to the GME Office via email to Tomeika Hawkins-Rodgers at thawkins@health.southalabama.edu.

Please note: A VSAS completed application is required through the institution, please see link on your website.

First Name: _____ Middle Initial: _____

Last Name: _____

Preferred Name:	
Specialty Program Interest:	
Email Address:	
Gender:	Phone Number:
Race: (Check all that apply) African American Native American Pacific Islander/Native Hawaiian Other	Ethnicity: Hispanic Non-Hispanic
Medical School:	
Expected Graduation Date:	
Mailing Address:	Permanent Address: (if different from Mailing Address)
Emergency Contact Name and Number:	
How did you hear about our URiM Diversity Scholarship Program?:	

Signature: _____ Date: _____