

Diversity in Medicine Visiting Student Scholarship Application Form
University of Arizona, College of Medicine- Tucson
2024-2025

Name (Last, First):	
Preferred Name:	
Address:	
Email Address:	Phone Number:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Decline to Answer	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Decline to Answer	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/> Decline to Answer	
Current medical School:	Expected Date of Graduation:
Have you completed and passed Step 1: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Department in which you will be completing Visiting Elective:	

COMPLETED APPLICATIONS WILL ADDITIONALLY INCLUDE THE FOLLOWING:

- Brief statement (500 word limit) that describes interest in attending the University of Arizona, explains how student demonstrates commitment to diversity, equity and inclusion.
- One letter of recommendation from a clinical faculty member
- Curriculum Vitae
- Letter of good standing from accredited medical/osteopathic school
- Official medical school transcript

Please email this application to the Program Director you are seeking a rotation in.