

Department of Radiation Oncology Educational Programs

200 Medical Plaza Suite B265 Los Angeles, CA 90095

Contact: Liane Nash ( UclaRadOncEdu@mednet.ucla.edu)

## Diversity in Medicine Visiting Student Scholarship Application Form

Name (Last, First):			
Preferred Name:			
Address:			
Email Address:			Phone Number:
<b>Gender:</b> □Male	□Female	□Nonbinary	☐ Decline to Answer
Race:			
□White.	☐ Native Hawaiian or Other Pacific Islander		
☐ Hispanic or Latino	☐ Black or African American		
□Asian	☐ American Indian or Alaska Native		
□Other:	Decline to Answer		
Medical School:			<b>Expected Date of Graduation:</b>

## COMPLETED APPLICATIONS WILL ADDITIONALLY INCLUDE THE FOLLOWING:

- Brief statement (500 word limit) that describes interest in attending the University of California Los Angeles Radiation Oncology elective, explains how student views themself as under-represented in medicine and demonstrates commitment to diversity, equity and inclusion
- One letter of recommendation from a faculty member, advisor, or mentor
- Curriculum Vitae