



**LOYOLA
MEDICINE**

Loyola University Chicago
Stritch School of Medicine

**DIVERSITY SCHOLARSHIP IN
TRAUMA & BURN CARE AND RESEARCH
APPLICATION
2008-2009 Academic Year**

PERSONAL DATA

Name: _____

(Please type or print clearly) *Last* *First* *Middle*

Address: _____

Number and Street

City

State

Zip Code

Country

Day Phone: () _____ Evening Phone: () _____ Cell Phone: () _____

E-Mail Address: _____ Social Security No: _____

Citizenship: _____ Visa Status: _____

Racial and/or Ethnic Background (optional): _____

EDUCATIONAL DATA

Medical School

Name

City

State

Dates of Attendance

Expected Graduation Date: _____ USMLE Step I Score: _____ USMLE Step I Date: _____

REQUIRED DOCUMENTS

- Official Medical School Transcript
- Two Letters of Recommendation
- Please answer the following two questions (each in 150 words or less):
 - 1) How will this scholarship contribute to your educational goals and long-term career goals?
 - 2) What is the value of diversity in medical education?

ACKNOWLEDGEMENT

With this signature, I certify that the information contained on this form is correct and accurate to the best of my knowledge. Falsification or omission of information on any diversity scholarship in trauma and burn care and research application materials will result in the rejection of my application.

Signature: _____ Date: _____

APPLICATION DEADLINE IS August 1, 2008

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