



## EQUITY IN MEDICINE SCHOLARSHIP PROGRAM APPLICATION

### Student Information

1. Name: \_\_\_\_\_

2. Student ID Number: \_\_\_\_\_ 3. Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Permanent address: \_\_\_\_\_

5. Mailing address: \_\_\_\_\_

6. Phone number: \_\_\_\_\_ 7. Email: \_\_\_\_\_

8. Country(s) of citizenship: \_\_\_\_\_ 9. Country(s) of legal residence: \_\_\_\_\_

10. Please list all languages, including English, you are fluent in (be sure to note which language was your first language):  
\_\_\_\_\_

### Student Qualification

To qualify for the Equity in Medicine Scholars Program, you must be a US citizen or permanent resident\* and be accepted into the 4 Year Doctor of Medicine degree program at St. George's University. Applicants must fulfill all below requirements:

1. US Citizen/US permanent resident
2. Live or lived in a Medically Underserved Area in the past three years ([MUA Find website](#))
3. Committed to practicing medicine in a Medically Underserved Area
4. Submission of Free Application for Federal Student Aid (FASFA)
5. Demonstrated financial need
6. Accepted to four-year Doctor of Medicine degree program

### Selection Process

Eligible students can apply for this scholarship at any time during the admissions process. After acceptance to the St. George's University School of Medicine MD program, your scholarship application will be reviewed by the selection committee. The committee will contact top candidates for a phone or video conference interview. All award decisions are made after the submission deadline. Applicants will be notified of an award decision via email.

Students should be aware that this scholarship program is very competitive.

## Application Instructions

1. Write an essay that explains your commitment and desire to post-residency service in a medically underserved area. Please use the space provided on this application or submit the essay as an additional attachment. **Essays should be approximately 500 words, typed, and enclosed with this application.**
2. Along with completed scholarship application, include documentation of your current or prior address in a medically underserved area (i.e. pay stub, residency affidavit, copy of lease, etc.).
3. Optional to include current list of all community service/volunteer work.
4. You must sign the certification and authorization on page 4.
5. Email all documents in a single attachment to [scholarships@sgu.edu](mailto:scholarships@sgu.edu).
6. Submission of scholarship application prior to the deadline.

## Student's Commitment and Expectations

By accepting this St. George's University award, candidates consent to allow SGU to use without limitation, and in any media, your name, city, state, country, your likeness, and your quotes for marketing and promotional purposes.

## Application Deadlines and Award Notification

All applications will be reviewed by the scholarship committee after the deadline date. Upon review and selection, each application will receive either an award letter or a letter of declination.

**DEADLINE:**

**July 1** for class commencing in August

**December 1** for class commencing in January

**March 1** for class commencing in April

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

# CERTIFICATION AND AUTHORIZATION

We declare that the information on this form is true, correct, and complete. St. George's University School of Medicine has our permission to verify the information reported by obtaining documentation as needed. WARNING: Providing false information may result in the University revoking its initial decision to enroll this student.

Student Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

## ESSAY

Write an essay that explains your commitment and desire to post-residency service in a medically underserved area. Please use the space below or submit the essay as an additional attachment. **Essays should be approximately 500 words, typed, and enclosed with this application.**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_