



## Medical Student Visiting Clinical Scholars Program

### Scholarship Application

#### Instructions for submission

Please complete this form and return it to the Duke School of Medicine, Office of Diversity & Inclusion via e-mail by saving a copy to your desktop and sending it as an attachment, along with your clerkship acceptance notification from the School of Medicine Registrar to [odi@dm.duke.edu](mailto:odi@dm.duke.edu).

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Name \_\_\_\_\_

AAMC ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Medical School: \_\_\_\_\_

Expected date of graduation from Medical School: \_\_\_\_\_

#### Contact information:

Mailing address: \_\_\_\_\_

Permanent address (if different from mailing address) :

\_\_\_\_\_

Home Phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

Emergency contact name and phone number:

\_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date of Application \_\_\_\_\_

**Please address the following prompt in 500 words or less:**

**What are your career aspirations, and what do you hope to gain from your Duke experience?**