

**MEDICAL SCHOOL PHYSICIAN DIVERSIFICATION
INITIATIVE GRANT APPLICATION**

Procedures and guidelines

All applicants must submit an application with essays for each scholarship/grant, outlining their academic successes and challenges, community service, and/or professional achievements and recognitions.

Criteria: Applicant must have overall undergraduate GPA of 3.25 or higher, and a prerequisite GPA of 3.25 or higher. Must be a U.S. Citizen or Permanent Resident and fit into one of the underrepresented category as listed on the application.

The Scholarship Committee must receive all applications and supporting documentation at least three weeks prior to the start of the semester. In order to continue eligibility for the scholarship/grant, the student must maintain **Satisfactory Academic progress (SAP)**

Scholarship/grant recipients will be notified in writing and by a phone call within two weeks of the Committee's decision. The Committee meets every three weeks to evaluate all applicants.

Please note that there is no guarantee of a scholarship/grant and the number of scholarship awarded per semester may vary. All Scholarship Committee decisions are final and are not open to appeal. All awards will be in the form of a credit towards tuition and fees.

If you are unclear about the scholarship/grant application process, please contact:

Shyam Dharia,
sdharia@auamed.org
Scholarship Coordinator
1-212-661-8899 ext. 195.

1 Battery Park Plaza, 33rd floor
New York, NY 10004
Tel: 1-888-282-8633
www.auamed.org

Student Information

Last Name: _____

First Name: _____

SSN #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone :() _____ Mobile :() _____

List honors, awards, memberships, and community volunteer activities in which you have participated and the year of participation:

Underrepresented in medicine means those racial and ethnic populations that are under-represented in the medical profession relative to their numbers in the general population.

Which one of the following race/ethnic categories best describe you?

- () Black or African American
() Native American/American Indians, Alaska native, and Native Hawaiians
() Mexican American
() Mainland Puerto Ricans

I attest that the information contained in this application is true and correct, and I hereby give the review committee permission to examine my academic transcripts and verify my employment information.

Applicant Signature: _____ **Date:** _____