

Sub-Internship Diversity Scholarship

FOR FOURTH YEAR VISITING MEDICAL STUDENTS

APPLICANT INFORMATION

First Name: _____ Last Name: _____

Street Address: _____ City, State, Zip: _____

Email: _____ Phone Number: _____

MEDICAL EDUCATION

Medical School: _____

Degree Program: _____

Expected Graduation Date: _____

ADDITIONAL INFORMATION

Have you ever been subject to review, challenges, and/or disciplinary action, formal or informal, by an ethics committee, licensing board, medical disciplinary board, professional association, or an Educational/training institution? *If yes, please provide additional documentation.*

☐ Yes

☐ No



ROTATION REQUESTS

Subject to Dept. of Plastic Surgery and School of Medicine approval

Choice 1: _____

Choice 2: _____

Choice 3: _____

ADDITIONAL DOCUMENTS

Must be submitted with this application

- ☐ CURRICULUM VITAE
- ☐ LETTER OF RECOMMENDATION
- ☐ LETTER IN GOOD STANDING
- ☐ LETTER OF INTEREST AND ESSAY ON DIVERSITY (750 WORD COUNT)

APPLICATIONS ARE DUE BY MARCH 1ST

Please send all application material and questions to: Kendra Parker at kparker@kumc.edu and Dr. Richard Korentager at rkorentager@kumc.edu.

