

CEDARS-SINAI MEDICAL CENTER DIVERSITY PROGRAM

ARTHUR JOHNSON, MD VISITING CLERKSHIP SCHOLARSHIP

APPLICATION 2021-2022

Applicants must have submitted post-decision enrollment requirements and received enrollment confirmation before submitting this application.

Note: The Diversity Program stipend award is available to 14 qualified fourth-year students completing rotations at Cedars-Sinai between August and December 2021. It will be paid in two installments (before and during the rotation).

PERSONAL INFORMATION

Last Name	First Name	Middle Name
Primary Phone Number		Primary E-Mail Address
Mailing Address (Including state and zip code)		
Name of Medical School		

USMLE Step 1 Score	Anticipated Date of Graduation
--------------------	--------------------------------

CLERKSHIP ENROLLMENT Sponsoring Department Name of Rotation	ROTATION PERIOD Start _____ End _____
--	--

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say ETHNICITY Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE <i>Choose all that apply (regardless of ethnicity)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian Or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify)
--	---

Are you a first-generation college student (i.e. first person in your family to attend college)? Yes No

PARENT/GUARDIAN 1 - EDUCATION <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate	PARENT/GUARDIAN 2 - EDUCATION <input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate
--	--

While you were growing up, did you experience any of the following types of adversity?

	None	Mild	Moderate	Severe
Economic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic/Cultural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated "severe" in any of the adversity categories, please elaborate (200 words max)

Briefly describe your career goals (200 words max)

Signature:

Date:



Medical Education

Mail: 8700 Beverly Blvd., PDC G532-B : Los Angeles CA 90048
Visitors: 700 N. San Vicente Blvd., Suite G532-B : West Hollywood, CA 90069

Office: 310 423 7888 * Fax: 310 423 1336

MedStudentElectives@cshs.org