

Office of Student Inclusion and Diversity

**Scholarship Clerkship Program
For Visiting Medical Students**

APPLICATION

PERSONAL INFORMATION

All questions must be answered:

Name:

First	Middle	Last
-------	--------	------

Gender : ___ Female ___ Male ___ Other

Ethnicity : ___ American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Hispanic
 ___ Native Hawaiian/Pacific Islander ___ Two or more races ___ Other ___ White

CONTACT INFORMATION

Address

Telephone

Cell Phone

Email

I have been accepted for a visiting clerkship

in _____
Department

Start date _____ End date _____

Please tell us how you learned about our scholarship program.

Social Media (Facebook, Twitter, etc.) Other _____

Please attach a personal statement addressing your interest in Wake Forest as a training site along with leadership, community service, honors and awards and how you will contribute to diversity at Wake Forest.

All submissions should be emailed in MSWord or pdf. format to:

Brenda Latham-Sadler, M.D.- bsadler@wakehealth.edu and Joycelyn Johnson – jojohns@wakehealth.edu