

# DIVERSITY PROGRAM FOR VISITING STUDENTS APPLICATION



<b>Last Name:</b>		<b>First Name:</b>		<b>MI:</b>
<b>Gender:</b>		Female <input type="checkbox"/>	Male <input type="checkbox"/>	<input type="checkbox"/> Prefer not to say
		<input type="checkbox"/> Other (please specify)		
<b>Ethnicity:</b> Are you Hispanic or Latino?		<input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Race: Choose one or more of the following regardless of ethnicity</b>				
American Indian or Alaska Native		<input type="checkbox"/>		
Asian		<input type="checkbox"/>		
Black or African American		<input type="checkbox"/>		
Native Hawaiian or Other Pacific Islander		<input type="checkbox"/>		
White		<input type="checkbox"/>		
Other (please specify)		<input type="checkbox"/>		
Permanent Email Address				
Primary Contact Phone #				

## BACKGROUND

Are you a first generation college student (i.e., first person in your family to attend college)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Parent/Guardian 1 Education =	<input type="checkbox"/> High School <input type="checkbox"/> GED or less <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate
Parent/Guardian 2 Education =	<input type="checkbox"/> High School <input type="checkbox"/> GED or less <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate
Was the principal city or town you spent the majority of your childhood (age <18) a town of less than or equal to 40,000 population and at least 10 miles from a community of that size or larger?	<input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes" please specify.

While you were growing up, did you experience any of the following types of adversity?				
	None	Mild	Moderate	Severe
Economic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic/Cultural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## CAREER PLANS AND RESEARCH INTEREST

Which program are you visiting?	
Which year and rotation date?	
Please briefly describe your career goals:	
Do you have experience or interest in conducting research? If so, please briefly describe:	

## REQUIRED LETTERS

- Submit a letter of intent that includes your qualifications for the program and why you are interested in this opportunity.
- Request a letter of endorsement from the **related core clerkship director at your home institution**. This letter should include details about your qualifications for the program and should be sent directly to us.

## TERMS & CONDITIONS FOR ALL PARTICIPANTS

Please initial each term:	
	I have been accepted for a four-week fourth-year visiting rotation and I agree to participate in the rotation and diversity program activities.
	I agree to participate in the longitudinal research study being conducted as part of the OHSU Diversity program for visiting students.
	I agree to all the terms and conditions to the <a href="#">OHSU Code of Conduct</a> .

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's preferred email

**INSTRUCTIONS:** Please type and fill out the application form completely. Email to the address located at the bottom of the application.

#### **CHECKLIST FOR COMPLETION**

1.  Completed VSAS application
2.  Completed Stipend Application Form
3.  Letter of Intent from Applicant
4.  Letter of Endorsement from core clerkship director at home institution (sent directly to OHSU)

*For additional information, please contact the Office of Graduate Medical Education at 503-494-8652.*

**The application should be emailed to Maya Severson at [seversonm@ohsu.edu](mailto:seversonm@ohsu.edu).**

#### **Contact Information**

Office of Graduate Medical Education  
3181 SW Sam Jackson Park Road, L579  
Portland, Oregon 97239

Telephone: 503-494-8652  
Fax: 503-494-8513  
Email: [GME@ohsu.edu](mailto:GME@ohsu.edu)

**The OHSU Diversity Program for Visiting Students is proudly sponsored by the following Departments:**

**[Center for Diversity and Inclusion \(CDI\)](#)**

**[OHSU School of Medicine \(MD\)](#)**

**[OHSU Division of Graduate Medical Education](#)**