**Highland Hospital**

**Department of Emergency Medicine**

**Visiting Elective Scholarship Program (VESP)**

**Application for the Highland Hospital Emergency Medicine VESP**

**Please submit the following materials:**

Completed VESP application (see next page)

Leadership and Research Experience

Background

Personal Statement

Completed VSAS (Visiting Student Application Service) application to the Highland Hospital Emergency Medicine Clerkship EM: 140.40, including all requirements as detailed in the application.

**Submit all VESP application materials by mail or email to:**

**Highland Hospital Emergency Medicine Visiting Elective Scholarship Program**

Dr. Caitlin Bailey

c/o Idella Watts

Email: Iwatts@alamedahealthsystem.org

Highland Hospital

Department of Emergency Medicine

1411 East 31st Street

Oakland, CA 94602

For email please specify in the subject that this is the scholarship application.

Thank you!

**Highland Hospital Emergency Medicine VESP APPLICATION FORM**

(To type your information on this page, use your mouse to go to the grey box on the form. Enter text, or use your mouse to click the appropriate check box.)

**The Applicant:**

*Last Name First Name Birth date*

*Current address City State Zip*

*Permanent address City State Zip*

*Primary Email Alternate Email*

*Home Telephone Mobile Phone*

**Gender:**  Female  Male

**Your Current Medical School:**

**Do you have a disability?** (physical or mental impairment that substantially limits one or more major life activities)

**\***Yes No Do not wish to provide

\***If disabled, which of the following describes your disability(ies)?**

Hearing Mobility

Visual  Other:

**Disadvantaged Background:** Yes No

***IF YES,*** please check category:

Family with an annual income below established low-income thresholds.

Social, cultural, or educational environment such as that found in certain rural or inner- city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a medical career.

**First Generation in Family to Attend College**:  Yes  No

**Race/Ethnicity: What is your racial background?** *(OPTIONAL. Check all that apply.)*

African American/Black

Native-born Black American

African (origin in black racial group)

Haitian

West Indian

Asian

Bangladeshi Laotian

Burmese/Myanmarese Malaysian

Chinese  Nepali

Filipino Pakistani

Indian Sri Lankan

Indonesian Thai

Japanese Vietnamese

Korean Other Asian, specify

Caucasian or White (of Europe, North Africa, or the Middle East)

Hispanic/Latino

Central American Mexican

Cuban  South American, specify

Puerto Rican Other Hispanic, specify

Native American

American Indian

Native Alaskan

Native Hawaiian

Pacific Islander

Fijian Polynesians

Guamanian Samoan

Marshalleses Tahitian

Melanesians Tongan

Micronesians Other Pacific Islander, specify

Prefer not to disclose

**How did you learn about our program?**

email from med school through friends

email from SNMA through mentors

email from LMSA through VSAS

Other, specify

**Sexual Orientation: *(OPTIONAL)***

Specify only if you choose to share this information. Not required.

**Briefly explain how this scholarship will benefit you.**

**(Please answer with only a few sentences)**

**Leadership or Research Experience or Publications**

List most important leadership and/or research experience and very briefly describe.

**Personal Statement**

**Applicant: Either cut and paste or type directly into the grey box below. (Not to exceed 500 words)**

Instructions: Please describe how your background has influenced the type of physician you want to be and the type of communities that you want to serve. Please also include any experience in working with diverse communities and future plans upon completing residency training.