

## National LMSA Conference Attendance Scholarship for Medical Students in Puerto Rico



Latino Medical Student Association  
Founded to represent, support, educate, and unify Latino(a) Medical Students

**Scholarship Information:** This scholarship award is from the LMSA Puerto Rico Emergency Task Force to sponsor our medical student peers in Puerto Rico to travel and attend the **13th Annual LMSA National Conference, *Siempre Unidos: Celebrating Diversity and Bridging the Gap*, hosted at Miami Dade College from April 13-15, 2018.** (2) Winners will be financially sponsored to attend the conference with and annual LMSA GALA with a one time award of \$500 to offset costs of lodging, transportation, conference registration (meals and gala admission included).



Winner/s will learn about the structure and organization of LMSA, participate in mentorship opportunities, residency networking events, exhibitor fair, and numerous workshops and lecture series on topics Latino Health Policy, diversity in medical education, and ways to join and start advocacy and service initiatives in LMSA. Conference begins promptly on Friday, April 13th, 2018 at noon and concludes with the Saturday Night Gala and optional Sunday service event.

The aim of this scholarship is to increase knowledge and participation of medical students in Puerto Rico the LMSA organization and experience, particularly the Southeast region. Given the increased financial, material, and personal struggles medical student have endured since Hurricane Maria, this scholarship

hopes to offset financial barriers to create an opportunity for thee deserving students to attend, participate, and share their knowledge and experience with LMSA.

**Scholarship Eligibility:**

1. Students must be enrolled in years 1-5 in the following medical schools:

Ponce School of Medicine and Health Sciences

San Juan Bautista School of Medicine

Universidad Central del Caribe School of Medicine

University of Puerto Rico School of Medicine

2. Students must be able to arrive by Friday evening in order to attend the major conference events and GALA on Saturday, April 14. If for any unforeseen or emergency reasons student is unexpectedly unable to attend conference, student agrees to forfeit all funds and benefits of this award.

3. Students must demonstrate financial need of assistance in attending conference. Students must fill out the form below indicating expected expenses for the **2017-2018** academic year.

4. Students must complete application in full by deadline for submission: March 18, 2018 11:59pm EST

CONTACT INFORMATION

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

School of Medicine: \_\_\_\_\_

Class status:

MS1(1st year)    MS2(2nd year)    MS3(3rd year)    MS4 (4th)    Other: \_\_\_\_\_

Personal Address/Dirección postal personal:

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Phone number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING (LIMIT TO ONE PAGE):**

Community Service, Volunteer, Leadership, and Clinical Experience(s):

Employment and Work Experience(s):

Research, Publications and other Scholarly Endeavors:

Awards and Achievements:

**Ensayos/Essays:**

*Favor de escribir sus ensayos en inglés. Ensayos escritos en español serán aceptados sin embargo se preferirán en inglés. No tomaremos en cuenta la calidad del inglés en su escrito con la excepción de que la información se entienda y pueda utilizarse para compartir con otras organizaciones y aliados que quieran aportar a la causa. (Please write your essays in English. Essays written in Spanish will be accepted but we prefer that they are written in English. We are not concerned with your English writing skills, this is so that LMSA can use the information that you provide to inform other organizations who may want to help as well.)*

1. En menos de 500 palabras, describe cómo ha sido afectado por el Huracán María y cómo su educación ha sido interrumpida o afectada. (In less than 500 words, describe how you have been impacted by Hurricane Maria and how your education as a medical student has been affected).

2. En menos de 500 palabras, escriba cómo anticipa usar los fondos de esta beca. ¿Cómo anticipa que esta ayuda financiera apoye su educación? (In less than 500 words, please describe how you anticipate attending the National Conference will benefit your medical education and future career? What are your goals in attending the conference? What do you hope to learn?)

3. (Optional) La organización Latino Medical Student Association (LMSA) está en el proceso de identificar las necesidades de nuestros estudiantes de medicina en Puerto Rico y sus escuelas. ¿Cómo cree que instituciones en los Estados Unidos pueden contribuir más eficazmente? (The Latino Medical Student Association is identifying the needs of our medical students in Puerto Rico and Puerto Rican medical schools. How do you think institutions on the US mainland can support you more effectively?)

4. Autoriza a LMSA ha utilizar las historias en esta solicitud con el objetivo de crear conciencia y difundir un mensaje de advocacia? El uso de esta información NO incluirá su nombre u otra información personal, sino que será guardada confidencialmente. LMSA utilizará la información proveída para informar y concientizar a otros a favor de estudiantes en Puerto Rico. (Do you give LMSA permission to share the use stories/information in this application to inform other advocacy efforts? Use of this information will NOT contain your name or other personal information, it will be kept strictly confidential. LMSA wants to use the information you have provided in this application to inform advocacy efforts on behalf of our students in Puerto Rico.)

Sí - Autorizo a LMSA a utilizar la información en esta solicitud (con la excepción de divulgar información personal) para informar a otras organizaciones sobre las necesidades de los estudiantes y escuelas de medicina Puertorriqueñas. (Yes- LMSA can use the information in this application (except for identifying information) to inform other organizations about the needs of Puerto Rican medical students and medical schools.)

No- LMSA can not use the information in this application to inform advocacy efforts.

**Financial Need Verification/Verificación de Necesidad Financiera**

Please fill out the "Expected Expenses Form" below.

**EXPECTED EXPENSES FORM**

**FAMILY/PERSONAL FINANCIAL STATEMENT:**

**2017-18 Academic Year Expenses (estimated)**

Tuition \_\_\_\_\_ \$

Books and supplies \_\_\_\_\_ \$

Room and Board \_\_\_\_\_ \$

Transportation \_\_\_\_\_ \$

Other: \_\_\_\_\_ \$

*Total Cost of Education* \_\_\_\_\_ \$

**2017-18 Academic Year Income (estimated)**

2017-2018 Expected Student Salary \_\_\_\_\_ \$

Scholarships/Fellowships \_\_\_\_\_ \$

Federal Pell Grant \_\_\_\_\_ \$

Student Loan \_\_\_\_\_ \$

Other Grants \_\_\_\_\_ \$

**Total PROJECTED Income 2017-18** \_\_\_\_\_ \$

**2017 (last year's) Annual Family Income:**

Father's Gross Annual Income \_\_\_\_\_ \$

Mother's Gross Annual Income \_\_\_\_\_ \$

Applicant's Gross Annual Income \_\_\_\_\_ \$

Spouse's Gross Annual Income \_\_\_\_\_ \$

Savings/Investments \_\_\_\_\_ \$

**TOTAL 2017 GROSS INCOME** \_\_\_\_\_ \$

**IMPORTANT INFORMATION AND INSTRUCTIONS:**

Falsification of information may result in termination of any scholarship granted.

The number of applications received greatly exceeds the number of available scholarships.

All decisions/notifications are final.

Award recipients will be notified in March 2018.

Please submit all following materials in a single email, titled, LMSA PUERTO RICO NATIONAL CONFERENCE SCHOLARSHIP –“Applicant Last Name, First Initial” to [Lmsaprtaskforce@gmail.com](mailto:Lmsaprtaskforce@gmail.com)

**Certification: Student must read and sign below to be eligible for consideration.**

I have read and understand the scholarship eligibility criteria. All of the information provided is complete and accurate to the best of my knowledge. By signing below, I am certifying that I am a student with the honest intentions of entering a professional medical career and possess the heartfelt desire towards serving the Latino community with their healthcare needs. I also certify that I will apply this award toward my conference attendance expenses. Any remainder of funds leftover I will use at my discretion to support costs related to my medical education.

**Estudiante solicitante:**

\_\_\_\_\_ Nombre (Name)

\_\_\_\_\_ Firma (Signature)

\_\_\_\_\_ Fecha (Date)

Contact Information for LMSA Puerto Rico Task Force:

Application Submissions: [Lmsaprtaskforce@gmail.com](mailto:Lmsaprtaskforce@gmail.com)

Application Deadline: March 18, 2018 11:59pm EST



Co-Chairs: Arielle Rubin [arubin@email.arizona.edu](mailto:arubin@email.arizona.edu) 480-215-2219  
Andrea Quiñones-Rivera- [andrea.quinones-rivera@ucsf.edu](mailto:andrea.quinones-rivera@ucsf.edu) 510-323-6972