##  Applicant Information *(please type answers if possible)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name |  |  |  | Gender |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |

|  |  |
| --- | --- |
| Medical School | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Year in School | ­ | Expected Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Race/Ethnicity

|  |
| --- |
| *Please mark all that apply with an ‘X’:* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| African American/Black \_\_\_\_ |  |  |  |  Hispanic/Latino\_\_\_\_\_ |
| Native American(Alaska Native, American Indian,Native Hawaiian)**\_\_\_\_** |  |  |  |  Asian (Filipino, Hmong, or Vietnamese only) \_\_\_\_\_ |
| Pacific Islander \_\_\_\_\_\_  |  |  |  | Not listed (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is there anything else you would like for us to know about your background? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Rotation Date Requests

Please rank your rotation date preferences from 1 to 6, with 1 denoting your highest and 6 denoting your lowest preference. Leave unavailable dates blank.

|  |  |
| --- | --- |
| Summer A 6/26-7/21/23 |  |
| Summer B 7/24-8/18/23 |  |
| Summer C 8/21-9/15/23 |  |
| Autumn A 9/18-10/13/23 |  |
| Autumn B 10/16-11/10/23 |  |
| Autumn C 11/13-12/08/23 |  |

## Track and Specialty Request

Please mark your desired track with an X and indicate if you have any specific subspecialty interests.

|  |  |
| --- | --- |
| Adult Neurology Clerkship \_\_\_\_\_\_\_ |  |
| Pediatric Neurology Clerkship\_\_\_\_\_\_ |  |
| Any Subspecialty Interests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

How did you hear about this opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Supplementary Application Items Checklist

|  |  |
| --- | --- |
| In addition to completing the above form, please submit the following items:* Brief statement of interest in Neurology and the visiting rotation (500-word limit)
* One letter of recommendation
* Curriculum vitae
* Unofficial medical school transcript
* University of Washington School of Medicine’s visiting student clinical elective application (This should be started prior to acceptance to avoid delaying the start of the rotation)

<https://www.uwmedicine.org/school-of-medicine/visiting-students-program>**Application deadline is April 1, 2023**Please submit application items via email to the UW Neurology IDEAS: URM Recruitment and Retention Taskforce: uwneuroscholarships@uw.edu (Subject line: Christina Marra Visiting Scholars Rotation ) |  |