

## Visiting Student Diversity Scholarship Application Form

Office and return it to the USA General Surgery Residency Program via email to [tmrogers@health.southalabama.edu](mailto:tmrogers@health.southalabama.edu).

Please note: A VSAS completed application is required through the institution, please see link on our website.

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_

MI: \_\_\_\_\_

Preferred Name \_\_\_\_\_

Email Address \_\_\_\_\_

Gender \_\_\_\_\_

Ethnicity: Hispanic    Non-Hispanic

Race: African American    Native American    Pacific Islander/Native Hawaiian

Medical School \_\_\_\_\_

Expected date of graduation from Medical School \_\_\_\_\_

Contact Information:

Mailing address \_\_\_\_\_

Permanent address (if different from mailing address)

\_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Emergency contact name and phone number:

\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date of Application \_\_\_\_\_