



Application Form

Date _____

Minority Scholarship Program

Physicians Caring for Texans

Increasing diversity in Texas medicine

Personal

Name _____
(last) (first) (middle or maiden)

Date of Birth _____ Email _____

Mailing Address _____
(street) (city) (state) (zip)

Telephone _____
(home) (work) (mobile)

Are you a Texas resident? Yes No

Are you a U.S. citizen? Yes No

If you are not a U.S. citizen, are you a permanent legal resident? Yes No

Parent's or permanent address _____
(street) (city) (state) (zip)

Gender: Male Female

Race/Ethnic Group

Please place a check below by the category that best describes your race/ethnic status:

- Black
- Hispanic
- Native American
- Other _____

Please identify below the Texas medical school you plan to attend and attach a copy of the acceptance letter from this school (or provide information about when the letter will be provided):

- Baylor College of Medicine
- Paul L. Foster School of Medicine
- Texas A&M University Health Science Center
- Texas Tech University Health Sciences Center
- The University of Texas Health Science Center at San Antonio
- The University of Texas Houston Health Science Center
- The University of Texas Medical Branch at Galveston
- The University of Texas Southwestern Medical Center at Dallas
- University of North Texas Health Science Center at Fort Worth

Place of birth _____
(city) (state) (country)

Please identify the size of the community where you spent the majority of your pre-college years:

- Large city (500,000 people or more)
- Rural
- Suburb of moderate city
- City of moderate size (50,000-499,999)
- Suburb of large city
- Town (2,500-9,999)
- Small city (10,000-49,999)

Name of high school of graduation _____ Year _____

City, state and country of high school of graduation _____

Number of people in senior class of high school _____

Name of college you graduated from _____ Year _____

City, state and country of college of graduation _____

Highest degree obtained and field of study _____

Family Demographics

Please identify the current age for your siblings and indicate the highest educational level attained by each: (example: Sister, age 30, college degree)

Three horizontal lines for entering sibling information.

Please check below the category that best describes the highest level of education attained by your parents:

Table with 3 columns: Education Level, Father, Mother. Rows include: Some high school, High school graduate, Some college, College degree, Graduate school.

Career Choices

What kind of physician do you plan to be (IE., medical specialty)?

Do you plan to: [] teach [] provide patient care [] conduct medical research [] other (please specify)

Do you plan to practice in Texas? [] Yes [] No If yes, where?

In what size community do you plan to practice medicine?

Please describe any prior experience you have in the health-care field (include voluntary and paid): Additional pages can be added to the application if needed.

Three horizontal lines for describing prior experience.

Please describe all community service activities or projects and how you were involved with in the last five years. Identify the approximate total number of hours you devoted to the activity. Additional pages can be added to the application if needed.

Table with 3 columns: Project Name, Your Specific Role, Number of Hours. Includes three horizontal lines for data entry.

How much education-related debt have you accrued?

Do you plan to obtain education loans to attend medical school? [] Yes [] No

Written Essay

Please attach a written essay, of no more than 750 words (double spaced 12 point type please), that describes how you as a physician would achieve the TMA vision statement "to improve the health of all Texans." (Note: Your essay must be attached to the application form for the application to be processed!)

I certify that the information submitted herein is true and correct to the best of my knowledge.