

## **TMA MINORITY SCHOLARSHIP PROGRAM 2010 FACT SHEET**

**APPLICATIONS MUST BE RECEIVED BY 5:00 P.M. ON MONDAY, APRIL 5, 2010.**

In 1998, members of the Texas Medical Association recognized they were in a unique position to offer scholarships to minority medical students in the state. Through the continued efforts of the Texas Medical Association Foundation, donations were collected to provide the 2010 scholarships for underrepresented minority medical students.

This year a scholarship will be awarded in the amount of \$5,000 to one incoming freshman attending each Texas medical school. A total of nine scholarships will be awarded.

The scholarship program is directed towards minorities who are underrepresented in Texas medical schools and the state's physician workforce. Eligible students must be a permanent legal resident of the U.S. and must identify themselves as *Hispanic American, African American, or Native American* students who have been accepted for admission for **FALL 2010**.

*PLEASE NOTE: Students already attending medical school are NOT eligible.*

The following items must be submitted for application to be considered:

- A completed application form
- A letter of acceptance from a Texas medical school
- Essay, not to exceed 750 words, that describes how you as a physician would achieve the TMA vision statement "to improve the health of all Texans" (double spaced, 12 pt. type please)

A scholarship certificate will be presented to recipients at Texas Medical Association's TexMed 2010 annual meeting in Fort Worth on April 30, 2010. Attendance is required. The actual scholarship monies will be awarded when the winner enters medical school in Fall 2010. The winning candidate must matriculate at the medical school indicated on their application to remain eligible for the scholarship. (This scholarship is per school and does not transfer with a student should they decide to matriculate elsewhere.)

Completed applications should be sent to:  
Gail Schatte, Director  
Educational Loans Dept  
Texas Medical Association  
401 West 15<sup>th</sup> Street  
Austin, TX 78701-1680

For additional information call (800) 880-1300, ext. 1600 or email [gail.schatte@texmed.org](mailto:gail.schatte@texmed.org). All scholarship information is available online at [www.TMALoanFunds.com](http://www.TMALoanFunds.com).



# 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)

Blank lines for entering sibling information.

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

Table with columns for Father and Mother, and rows for education levels: 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.

Blank 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 columns: Project Name, Your Specific Role, Number of Hours.

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.