

## UF Department of Radiation Oncology Visiting Elective Scholarship Application

**Please note: Students must have applied to the UF Department of Radiation Oncology's clinical elective program through the AAMC Visiting Student Application Service (VSAS) before the scholarship is processed.**

Name:

Today's Date:

Medical School:

Expected Graduation Date:

Date of Birth:

Email Address:

Contact Cell Phone Number:

Are you available the following dates: 7/29-8/27

**Students must come from a disadvantaged background** as defined by the U.S. Department of Health and Human Services: "An individual from a disadvantaged background is defined as one who comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school or from a program providing education or training in an allied health profession."

Please check all criteria that apply to you.

### Demographics:

African American or Black  
American Indian or Alaska Native  
Asian/Asian American  
Caucasian or White  
Latino/a or Hispanic  
Middle Eastern/South Asian

Native Hawaiian or Pacific Islander  
South East Asian/Asian American (Vietnamese,  
Cambodian, etc.)  
LGBTQI+  
Other  
Prefer not to answer

### Circumstances:

Worked 20 or more hours per week through undergrad  
Received Financial Assistance Program for the MCAT  
First in your family to become a doctor  
Attended a low-performing K-12 school  
Received AMCAS Fee Waiver when applying to medical school

If disabled, which the following describes your disability/ies?

Hearing  
Visual  
Mobility  
Mental/Cognitive  
Mood/Emotional



Please provide an explanation to the statements below (300 word maximum per statement):

- a. Please explain how you qualify for this program based on one/or all of the criteria listed above.

- b. Please write a statement about your demonstrated interest in serving underserved communities (300 word maximum per statement).

c. Please describe your interest in the field of radiation oncology (300 word maximum per statement).

Please email this completed application to Mrs. Tasha Graham at [Tasha.graham@medicine.ufl.edu](mailto:Tasha.graham@medicine.ufl.edu) after completion of your VSLO application. If you have questions about the scholarship, please also contact Mrs. Graham at (352)273-5544.