

# CEDARS-SINAI MEDICAL CENTER DIVERSITY PROGRAM

## ARTHUR JOHNSON, MD VISITING CLERKSHIP SCHOLARSHIP

### APPLICATION 2020-2021

Applicants must have submitted post-decision enrollment requirements and received enrollment confirmation before submitting this application.

**Note:** The Diversity Program stipend award is available to ten qualified fourth-year students completing rotations at Cedars-Sinai between June and November 2020. It will be paid in two installments (before and during the rotation).

**PLEASE TYPE**

**PERSONAL INFORMATION**

Last Name	First Name	Middle Name
Primary Phone Number		Primary E-Mail Address
Mailing Address (Including state and zip code)		
Name of Medical School		

USMLE Step 1 Score	Anticipated Date of Graduation
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<b>CLERKSHIP ENROLLMENT</b>	<b>ROTATION PERIOD</b>
Sponsoring Department	Start _____
Name of Rotation	End _____

<p><b>GENDER</b></p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p><b>ETHNICITY</b></p> <p>Are you Hispanic or Latino?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>RACE</b></p> <p><i>Choose all that apply (regardless of ethnicity)</i></p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian Or Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Other (please specify)</p>
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Are you a first-generation college student (i.e. first person in your family to attend college)?  Yes  No

<b>PARENT/GUARDIAN 1 - EDUCATION</b>	<b>PARENT/GUARDIAN 2 - EDUCATION</b>
<input type="checkbox"/> Less than High School	<input type="checkbox"/> Less than High School
<input type="checkbox"/> High School/GED	<input type="checkbox"/> High School/GED
<input type="checkbox"/> Some College	<input type="checkbox"/> Some College
<input type="checkbox"/> College Graduate	<input type="checkbox"/> College Graduate

While you were growing up, did you experience any of the following types of adversity?

	None	Mild	Moderate	Severe
Economic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnic/Cultural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you indicated "severe" in any of the adversity categories, please elaborate (200 words max)

Briefly describe your career goals (200 words max)

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**Signature**

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**Date**



**Medical Education**

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