

Women in Medicine Student Scholarship Guidelines

Women in Medicine is committed to sharing its supportive atmosphere, nurturing community, and educational resources with all lesbian medical students. To that end, WIM offers a reduced (subsidized) registration fee to medical students. It also offers scholarship funds on a first-come, first-serve basis to medical students who express need.

1. No student requesting scholarship funds will be denied assistance. However, scholarship size will vary dependent on financial need, timing of application, and availability of funds.
2. Students are required to request financial assistance from their respective medical schools and, if possible, other local LGBT organizations.
3. The \$50 registration fee for students is non-negotiable.
4. Scholarship monies will be made available to offset lodging and food expenses of the student *only*. (Scholarship monies for children and significant others are available through an alternate fund.)
5. Each year, all but \$1000 of the available scholarship money will be divided equitably amongst those who apply *at least two months* before the conference date.
6. *Within two months* of the conference, \$500 (plus any additional monies collected) will be divided amongst late applicants, protecting the remaining \$500 for the following year's scholarship needs.
7. If additional monies are needed to cover the scholarship needs of students, requests will be sent out to the WIM membership for additional scholarship donations. These funds will be divided per numbers 5 and 6 above.
8. Unbiased dispersal of scholarship monies will be ensured and overseen by the Chair of the Student and Resident Outreach Committee.

PLEASE NOTE:

WIM will handle ALL hotel reservations for scholarship recipients. Students should NOT contact the hotel directly, lest duplication result.

WIM Medical Student Scholarship Application

To complete this application on your computer, save it to your hard drive, open the downloaded file and email the completed form to: wim.doctors@gmail.com

Name: _____

Address: _____

Telephone: _____

E-mail: _____

School: _____

Arrival Date: _____ Departure Date: _____

I am in need of assistance for: lodging food (check all that apply)

My current household savings totals: <\$1000 \$1000-\$5000 >\$5000

My projected household income (including living expense loans) for this year totals:
 <\$10K 11-25K 26-40K >40K

I am responsible for ____ (#) dependents.

Additional Funding Sources

I have contacted my school and they have agreed to provide me \$_____ towards attendance of this conference.

I have not requested funds from my school.
Reason: _____

I have contacted local LGBT groups and they have agreed to provide me \$_____ towards attendance of this conference.

I have not requested funds from local LGBT groups.
Reason: _____

Other: _____

I attest that the above information contained in this application is true.

Sign _____ Date _____

The Women in Medicine Medical Student Mentoring Program

To complete this application on your computer, save it to your hard drive, open the downloaded file and email the completed form to: wim.doctors@gmail.com

First Name: _____

Last Name: _____

Degree(s): _____

Specialty: _____

Preferred Contact Address: (please select) Home Work

Street Address: _____

Street Address: _____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Home Phone: _____ Alt. Phone: _____

E-Mail Address: _____

Medical School: _____

Medical School Year: MS1 MS2 MS3 MS4 MS5 MS6

Are you considering a specific field of medicine? Yes No

If yes, which: _____

Would you prefer a mentor interested in your specific specialty? Yes No

Would you like a mentor who lives close to you geographically? Yes No

Other preferences?
