



Leadership Scholarship Application

Please complete this application and return to wim.doctors@gmail.com along with your CV. One letter of recommendation is required (we will accept two), as well as a letter of good standing from your medical school. All letters **must be** emailed directly by the authors to wim.doctors@gmail.com with your name as the subject line. This application is for current medical students who have demonstrated LGBTQ+ leadership, especially in their medical school. You must have been enrolled for a minimum of six months in your medical school to be eligible to apply. Notification about finalist status will be by June 10, 2024, at which time each finalist will be invited to interview with the scholarship donor/s supporting the scholarship. The awardees will be notified shortly after that interview. If you do not receive a leadership scholarship, you will be automatically considered for a WIM conference scholarship for that meeting, which covers registration (this year's meeting is on-line and may have some local WIM celebration dinners in designated cities.) If you do receive this leadership scholarship, you are expected to give a short (5 – 10) presentation during the on-line course which will be October 17 – 19, 2024.

All applications and letters must be received by April 19, 2024

I give permission to officials of my institution to release information regarding my academic record for consideration in the Women In Medicine Leadership Scholarship. I waive the right to access letters of recommendation written on my behalf.

Yes

No

I understand that this application will be available only to qualified people who need to see it in the course of their duties. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Yes

No

If selected as a Women In Medicine Scholar, I understand I am required to attend the full conference that will be held on-line October 17 – 19, 2024, if possible, or as much as my schedule allows.

Yes

No

PERSONAL INFORMATION

LAST NAME:

FIRST NAME:

STREET ADDRESS:

CITY:

STATE: ZIP CODE:

EMAIL

DATE OF BIRTH PHONE NUMBER:
(dd/mm/yyyy):

How do you identify (Select all that apply - these will be blinded to the review committee)

- Lesbian
- Bisexual
- Transgender Female
- Queer/Gender-Queer
- Not listed:

How do you identify (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black
- Native Hawaiian or Pacific Islander
- White
- Hispanic or Latino
- Non-Hispanic or Latino
- I'd rather not answer
- Not listed

EDUCATION

List your previous schools, beginning with the most recent Medical School followed by undergraduate/post-graduate institution(s).

MEDICAL
SCHOOL

CITY:

STATE:

DATE OF ENTRY:

EXPECTED DATE OF GRADUATION:

NAME OF
SCHOOL:

CITY:

STATE:

START DATE:

END DATE:

DEGREE
OBTAINED:

NAME OF
SCHOOL:

CITY:

STATE:

START DATE:

END DATE:

DEGREE
OBTAINED:

LAST NAME:

List all LGBTQ+ related, racial and social justice organizations (both in the community and your institution) and activities you have been involved with, and designate any leadership roles and/or recognitions where applicable (you can explain further in #10, if you desire):

List all other college, post-grad and medical school activities and organizations you have actively been involved with, including any leadership roles and/or recognitions you have received as a result of your involvement:

List any research experience, including dates and publications:

LAST NAME:

List any part-time or full-time employment experience, including dates and a brief description of duties:

List any additional awards, scholarships or special recognitions you have received (do not duplicate those listed above):

Describe one or two specific examples of your leadership within the LGBTQ+ communities (if applicable) and within the racial and social justice communities (if applicable):

LAST NAME:

Describe your future goals in medicine:

Describe how you would like to use your role as an LGBTQ+ medical student/physician to better the LGBTQ+ communities/improve racial and social justice:

If selected as a Women In Medicine Scholarship recipient, how would you contribute to the organization to further its mission?

LAST NAME:

What additional information would you like to share with Women In Medicine?