



Advocate Children's Hospital

Scholarship Application for Visiting Under-Represented in Medicine Senior Medical Students

Advocate Children's Hospital **Department of Pediatrics** offers multiple \$2500 scholarships for visiting URiM senior medical students, **applying to Pediatrics**, taking part in 4-week General Pediatric or Pediatric subspecialty rotations at our institution. Prospective students must be in good standing and enrolled in their fourth or final year of an MD or DO degree program at an accredited [Liaison Committee on Medical Education](#) or [Education Department of the American Osteopathic Association](#) medical school during their elective rotation. Recipients will be assigned to one of our respective campuses: Oak Lawn or Park Ridge. Attention will be paid to location preference as possible. **Applicants must express strong interest in applying to an Advocate Children's Hospital Pediatrics residency program.** Consideration for any scholarship award, however, will be based on **holistic review** taking into consideration your CV & personal statement, supporting letter(s) of recommendation, transcript, and board scores.

—Scholarship Program Highlights—

- * Direct one-on-one mentoring with URiM faculty
- * Meeting with residency Program Leadership from both campuses regardless of placement

—Application Instructions—

1. Application Deadline: **April 15th**. Recipients will be notified by May 1st. Applications received after the deadline will be considered on a funds available basis.
2. Only completed applications will be considered. **Please do not leave any items blank.**
3. Attach a current, updated copy of your **Curriculum Vitae (CV)**
4. Attach a current copy of your official medical school transcript(s)
5. Submit a **Personal Statement** providing some insight as to who you are as an individual, why you have chosen to seek the support of this scholarship program, and how it will help support your academic and/or medical career goals **in Pediatrics**
6. 1-2 letter(s) of recommendation from an individual (not family related) or faculty member who can relate personal experience with your clinical work and/or personal story

APPLICANT DATA

Name _____

Current Address _____

City, State & Zip _____

Phone _____

Email Address _____

Location Preference Park Ridge Oak Lawn

Rotation Time Preference **July—September** **August—October** **September—November** **October—December**

Elective Preference _____

☺ General Pediatrics	☺ Cardiology
☺ Pulmonology	☺ PICU or NICU
☺ Infectious Disease	☺ Endocrinology
☺ Hematology/Oncology	☺ Gastroenterology

For more location details: <https://www.advocatechildrenshospital.com/healthcare-professionals/pediatric-residency-programs-and-fellowships/>

Racial/Ethnic Identity: American Indian or Alaska Native · Hispanic · Black or African American · Native Hawaiian or Other Pacific Islander · OTHER _____

EDUCATION

Medical School _____

Current School Year _____

Licensing Test Results (Please complete as applicable):

USMLE Step 1	PASS? Y / N ATTEMPT(S): _____
<input type="checkbox"/> Did not take	

COMLEX Level 1	PASS? Y / N ATTEMPT(S): _____
<input type="checkbox"/> Did not take	

This will be the (1st, 2nd, 3rd, etc.): _____ Pediatrics elective of my career. I am applying to Pediatrics in the upcoming cycle ____ Yes ____ No ____ Unsure

All applications are holistically reviewed with consideration of multiple factors.

Please email or fax completed application to: Tammi.Bauske@aah.org. Fax: 708.684.3142