



Visiting Student Scholarship Application

In order to measure the effectiveness of our diverse applicant recruitment program, we seek to collect the following information.
[Declining to answer will not impact your application in any way.](#)

DATE OF APPLICATION

PERSONAL INFORMATION

Full Name:

Preferred:

Phone:

Date of Birth:

Race/Ethnicity:

Email:

Medical School:

Gender:

Expected Grad date:

Do you identify as LGBTQ+ Yes ☐ No ☐ Prefer not to answer ☐

Please list your 1st & 2nd choices for rotation block dates:

Do you have a disability? Yes ☐ No ☐ Prefer not to answer ☐

rotation block dates:

Are you a 1st gen college grad?

School Representative:

Representative Email:

Representative Phone:

ADDRESS

Present Address :

City:

Present State :

Zip Code :

How did you learn about this program?

UK PM&R DE&I OFFICE

Applicant Signature

A : 2050 Versailles Road - Lexington, KY 40504
P : 859.257.4888 E : Danielle.Crail@uky.edu

THANK YOU FOR YOUR INTEREST!

Please submit this application along with the additional required documentation by the deadline. If you are not awarded the scholarship, we still encourage you to join us for an away rotation!