

Visiting Student Diversity Scholarship Application Form

Please complete this form, attach your personal statement, CV, Letter of Good Standing from Dean's Office and return it to the USA General Surgery Residency Program via email to tmrogers@health.southalabama.edu.

Please note: A VSAS completed application is required through the institution, please see link on our website.

Name:

Last: _____ First: _____

MI: _____

Preferred Name _____

Email Address _____

Gender _____

Ethnicity: Hispanic Non-Hispanic

Race: African American Native American Pacific Islander/Native Hawaiian

Medical School _____

Expected date of graduation from Medical School _____

Contact Information:

Mailing address _____

Permanent address (if different from mailing address)

Home Phone _____ Mobile Phone _____

Emergency contact name and phone number:

Applicant Signature _____

Date of Application _____