

# Wayne State University Department of Emergency Medicine URiM Visiting Student Scholarship Application

Please complete this form, CV, and medical school transcript. Send to the Wayne State University Department of Emergency Medicine clerkship director via email at [skouyoum@dmc.org](mailto:skouyoum@dmc.org) Please note: A VSLO/VSAS completed application is required through the institution.

Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Preferred Name \_\_\_\_\_

Email Address \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Ethnicity \_\_\_\_\_

Medical School \_\_\_\_\_

Expected date of graduation from Medical School \_\_\_\_\_

Contact Information:

Mailing address \_\_\_\_\_

Permanent address (if different from mailing address)

\_\_\_\_\_

Mobile Phone \_\_\_\_\_

Emergency contact name and phone number:

\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date of Application \_\_\_\_\_