Training Elective Scholarship Program (VESP)

Instructions for Application for VESP

Please submit the following materials:

☐ Completed VESP application (see next page) includes personal statement
☐ Current CV
☐ Letter of recommendation from a faculty member in your department of interest (email to UCSF-GME@medsch.ucsf.edu)
☐ An official medical school academic transcript

Submit all VESP materials to*:

UCSF Visiting Elective Scholarship Program
UCSF Office of Graduate Medical Education (OGME)
500 Parnassus Ave, MU 250E
Campus Box 0474
San Francisco, CA 94143-0474
email: UCSF-GME@medsch.ucsf.edu

☐ Students must also apply to their department’s clinical elective program through the UCSF School of Medicine.

meded.ucsf.edu/ume/visiting-students
**VESP APPLICATION FORM**

(To type your information on this page, use your mouse to go to grey box on the form. Enter text, or use your mouse to click the appropriate check box)

**The Applicant:**

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Birth date</th>
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<th>Current address</th>
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<th>Permanent address</th>
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<th>Home Telephone</th>
<th>Mobile Phone</th>
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**Gender:**
- ☐ Female
- ☐ Male
- ☐ Transgender (M→F)
- ☐ Transgender (F→M)

**Sexual Orientation:**
- ☐ Bisexual
- ☐ Gay
- ☐ Lesbian
- ☐ Straight
- ☐ Decline to state

**Your Current Medical School:**

**Current Year at your Medical School (please check one)**
- ☐ 3
- ☐ 4
- ☐ Other: please specify: ☐

**Expected Date of Graduation:**

**Citizenship:**
- ☐ U.S. Citizen
- ☐ U.S. Noncitizen National
- ☐ Permanent Resident of U.S.

**Do you have a disability** (physical or mental impairment that substantially limits one or more major life activities.)?
- ☐ *Yes
- ☐ No
- ☐ Decline to state

*If disabled, which of the following describes your disability(ies)?

- ☐ Hearing
- ☐ Visual
- ☐ Mobility
- ☐ Other:

**Disadvantaged Background:**
- ☐ Yes
- ☐ No

*IF YES, please check category:
- ☐ Family with an annual income below established low-income thresholds.
- ☐ Social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

**First Generation in Family to Attend College:**
- ☐ Yes
- ☐ No
Race/Ethnicity: What is your racial background? *(OPTIONAL. Check all that apply)*

African American/Black
- [ ] Native-born Black American
- [ ] African (origin in black racial group)
- [ ] Haitian
- [ ] West Indian

Asian
- [ ] Bangladeshi
- [ ] Burmese/Myanmarese
- [ ] Chinese
- [ ] Filipino
- [ ] Indian
- [ ] Indonesian
- [ ] Japanese
- [ ] Korean
- [ ] Laotian
- [ ] Malaysian
- [ ] Nepali
- [ ] Pakistani
- [ ] Sri Lankan
- [ ] Thai
- [ ] Vietnamese
- [ ] Other Asian, specify

- [ ] Caucasian or White (of Europe, North Africa, or the Middle East)

Hispanic/Latino
- [ ] Central American
- [ ] Cuban
- [ ] Puerto Rican
- [ ] Mexican
- [ ] South American, specify
- [ ] Other Hispanic, specify

Native American
- [ ] American Indian
- [ ] Native Alaskan
- [ ] Native Hawaiian

Pacific Islander
- [ ] Fijian
- [ ] Guamanian
- [ ] Marshall Isles
- [ ] Melanesians
- [ ] Micronesian
- [ ] Polynesians
- [ ] Samoan
- [ ] Tahitian
- [ ] Tongan
- [ ] Other Pacific Islander, specify

- [ ] Prefer not to disclose

How did you learn about this program?
Personal Statement

Applicant: Either cut and paste or type directly into the grey box below. (Max: 1,500 words)

Instructions: Please describe your experience in working with diverse communities and future plans upon completing residency training.