LOYOLA ORTHOPAEDIC SURGERY HUMAN EQUITY & HUMAN IMPACT SCHOLARSHIP

I acknowledge that this scholarship is for academic year 2026-27 for an away rotation at Loyola University Stritch School of Medicine Department of Orthopaedics and Rehabilitation summer/fall 2026

☐ I have read and understand the above statement

Name: _____

Email: _____

DOB (MM/DD/YYYY): _____

Mailing Address: _____

Telephone Number: _____

Medical School: _____

Application checklist (documents to be emailed directly to Lucy.Salgado@luhs.org)

☐ **Unofficial Transcript**

☐ **Current CV**

☐ **One Letter of Recommendation**

☐ **Personal Statement**

Please address the following in your Personal Statement:

1. What does diversity mean to you?
2. Your specific interest in this Sub-Internship Opportunity
3. How would you plan to use the potential scholarship if awarded (lodging, travel, etc)?