Mentoring Minorities in Medicine - M3 Scholarship Application

Dear Scholarship Applicant,

Greetings from the Mentoring Minorities in Medicine Executive Board. We are a group of minority physicians in various specialties across the country with the common goal of supporting aspiring minority physicians through funding and mentorship. We hope that through our efforts, we can help increase the overall number of minority physicians in our country and ultimately help improve health outcomes in our minority populations. The M3 Scholarship was designed to alleviate the financial burdens associated with the application process while encouraging minority pre-medical students to continue striving towards a career in medicine. Scholarship funds will be used to cover the cost of the recipient’s MCAT, MCAT prep course and medical school application fees. The scholarship recipient will be selected by a committee of resident and attending physicians after completing all requirements of the application process. The recipient will also be connected with medical student and physician mentors based on specialty interest and other commonalities. We truly wish you the best!

Scholarship Criteria:

- Pre-medical student currently applying to medical school
- Must be considered an underrepresented minority in their respective field
- Must be classified as undergraduate junior or higher
- Minimum GPA: 3.0
- Outstanding history of community service (with high emphasis placed on service to underserved populations) and/or research experience

Scholarship Details:

The 2021-2022 application cycle opens on September 1st. The scholarship application deadline is November 30th. The completed application and supporting documents must be received by email no later than November 30th. Deadline extension will not be granted. Finalists will be contacted by email to schedule an interview on December 30th. The interview will simulate a medical school interview with multiple members of the Executive Board. The scholarship recipient will be notified of their award on January 15th. Please Note: All finalists will participate in an ongoing mentorship through the Mentoring Minorities in Medicine organization.

For questions, please email:

M3@mentoringminoritiesinmedicine.com

Respectfully yours,

The Mentoring Minorities in Medicine Executive Board
Please fill out all fields of this application.

**Personal Information:**

Last Name: _____________________  Middle Initial: __________
First Name: _____________________ Date of Birth: ___/___/____
Race: __________________________ Gender:  □ Male  □ Female
Current address: ____________________________
Email: ____________________________ Cell number: (___) ___-_____

**Undergraduate Information:**

Institution: ___________________________________________________
Major: __________________________ Year Graduated: _____________
Have you taken the MCAT?  □ Yes  □ No
If no, what is the anticipated MCAT month and year? _________________

**Post-Baccalaureate/Graduate Information:**

Institution: ___________________________________________________
Degree: __________________________ Year Graduated: _____________
Institution: ___________________________________________________
Degree: __________________________ Year Graduated: _____________

**Essay:**

Address these essay questions in 1000 words or less.

1. Why do you want to be a physician?
2. It is well known that there are numerous disparities in healthcare that have negatively impacted minority populations and led to worse health outcomes. What is your plan of action to change the narrative?

**Application Checklist:**

- Completed and signed scholarship application form
- Two letters of recommendation (one that addresses your character/volunteer work and another that addresses your academic achievements). Letters cannot be from the same individual.
- Resume, including personal interests and hobbies
- Copy of unofficial transcripts including undergraduate, graduate, secondary degrees and/or science related prerequisite courses
- Essay

I certify that the information provided on this application is accurate to the best of my knowledge.

Applicant name: _______________________________________________
Applicant signature: _____________________________ Date: _____/____/____

Please email completed application to m3@mentoringminoritiesinmedicine.com