

**Office of Student Inclusion and Diversity**

**Scholarship Clerkship Program  
For Visiting Medical Students**

**APPLICATION**

**PERSONAL INFORMATION**

All questions must be answered:

Name:

\_\_\_\_\_

First	Middle	Last
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Gender (optional):     Female     Male     Other

Ethnicity (optional):     American Indian/Alaskan Native     Asian     Black/African American     Hispanic  
 White     Native Hawaiian/Pacific Islander     Two or more races     Other

**CONTACT INFORMATION**

\_\_\_\_\_  
Address  
\_\_\_\_\_

Telephone	Cell Phone	Email
_____		

I have been accepted for a visiting clerkship  
in \_\_\_\_\_  
Department

Start date \_\_\_\_\_ End date \_\_\_\_\_

Please tell us how you learned about our scholarship program.

Social Media (Facebook, Twitter, etc.)    Other \_\_\_\_\_

**Please attach a personal statement addressing your interest in Wake Forest as a training site along with leadership, community service, honors and awards and how you will contribute to diversity at Wake Forest.**

**All submissions should be emailed in MSWord or pdf. format to:**

Bernard Roper, Ph.D- [broper@wakehealth.edu](mailto:broper@wakehealth.edu) and Joycelyn Johnson – [jojohns@wakehealth.edu](mailto:jojohns@wakehealth.edu)