**Diversity Scholarship for Visiting Medical Students**

**Last Name:** Click or tap here to enter text. **First Name:** Click or tap here to enter text.

**Street Address:** Click or tap here to enter text. **City:** Click or tap here to enter text.

**State**:  Click or tap here to enter text. **Zip Code:**  Click or tap here to enter text.

**Email Address:** Click or tap here to enter text. **Phone Number:** Click or tap here to enter text.

**Date of Birth:** Click or tap here to enter text. **Gender:** Click or tap here to enter text.

**U.S. Citizen** [ ]  Yes [ ]  No

**Underrepresented groups:** Please check all that apply**:**

[ ]  Black/African American

[ ]  Hispanic/Latino

[ ]  Native American

[ ]  Southeast Asian (Cambodian, Hmong, Laotian, or Vietnamese)

[ ]  Socioeconomically disadvantaged\*

\*The term “socioeconomically disadvantaged” refers to educational and social disadvantage, such as coming from a low-income family, a rural or farming community, attending a school with a limited college preparatory curriculum, or other family circumstances that impacted your educational opportunities.

**Other Background Information**

Are you a first generation college student? Yes[ ]  No[ ]

Are you a first generation immigrant? Yes[ ]  No[ ]

**Please reply to the question below (limit your response to one page):**

The University of Wisconsin Department of Ophthalmology and Visual Sciences values and respects the identity, culture, background, abilities and opinions of all individuals and strives to be a diverse and inclusive community. Knowing that our community is strong because of our diversity, the selection committee would like to know: how will this scholarship opportunity help to further your education and your future career?