**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?