**Scholarship for Underrepresented in Medicine Visiting Medical Students**

**Application**

**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.

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

* High level of financial need
* First generation college student (neither parent received a baccalaureate degree)
* I contribute to the intellectual and cultural enrichment of the program because of my life experiences, including overcoming personal adversity or family hardship, records of extensive community service, or successful careers in other fields
* Significant barriers to achieving higher education, such as experience in the foster care system, living in a single-parent household, having an incarcerated parent, or responsibilities for providing financial support or primary care for other household members.

**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?