 UW Medicine

 SCHOOL OF MEDICINE

**AID Scholars Program**

Division of Allergy & Infectious Diseases

The AID Scholars Program seeks to provide research and/or clinical training for medical students or residents from historically underrepresented backgrounds in the medical profession. We aim to provide a mentored experience that provides training in research or clinical work (for 4 weeks). Funding for this program includes funding for partial reimbursement of travel, housing, and food expenses. To apply, please completed the required documents listed below.

Eligibility Criteria:

1. Academic excellence at home institution

2. Currently enrolled in a U.S. Medical School or Internal Medicine residency program and have an interest in doing a fellowship in one of the selected subspecialties.

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| Required documents checklist:1. Application Form (below) |
| 2. Copy of medical school transcript  |
| 3. CV  |
| 4. Personal Statement (total of 1 page): A. Describe your career goals and how a research and/or clinical work experience in Infectious Diseases augments your plans. B. One of the goals of this scholarship is to foster diversity in the Department of Medicine and Division of AID at UW, and its affiliated training programs such as Infectious Disease Sciences Program at Fred Hutchinson Cancer Research Center. Briefly describe your background and career path with regards to opportunities and life experiences that are related to individual, institutional, and societal diversity. |
| 5. Letters of Recommendation. Please provide two letters of recommendation from clinical or research mentors. Although no previous research experience is required, letters from research mentors are welcome if available. |

Application deadline: none

Please send all application materials to: adminaiddh@medicine.washington.edu

**AID SCHOLARS PROGRAM APPLICATION FORM**

**Applicant Info:**

*Last Name First Name Birth date*

*Current address City State Zip*

*Permanent address City State Zip*

*Primary Email Alternate Email*

*Home Telephone Mobile Phone*

**What is your gender?**

[ ]  Female [ ]  Male[ ]  Genderqueer/Non-binary [ ]  Other: please specify:

[ ]  Prefer not to answer

**What are your preferred gender pronouns?**

**Your Medical School and year of graduation:**

**Your Current Residency Program and year of anticipated completion:**

**Citizenship:**

**[ ]** U.S. Citizen **[ ]** U.S. Noncitizen National **[ ]** Permanent Resident of U.S.

*In accord with the University of Washington’s expressed commitment to excellence and equity, the UW Department of Medicine is committed to building a diverse Faculty, Resident and Staff workforce.*

**Disadvantaged Background: [ ]** Yes **[ ]** No

 ***IF YES,*** please check category:

**[ ]** Family with an annual income below established low-income thresholds.

**[ ]** Social, cultural, or educational environment such as that found in certain rural or inner- city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop a career in medicine.

**First Generation in Family to Attend College**: [ ]  Yes [ ]  No

**Race/Ethnicity: What is your racial background?** *(Check all that apply)*

African American/Black

[ ]  Native-born Black American

[ ]  African (origin in black racial group)

[ ]  Haitian

[ ]  West Indian

Asian

**[ ]** Bangladeshi **[ ]** Laotian

**[ ]** Burmese/Myanmarese **[ ]** Malaysian

**[ ]** Thai **[ ]** Other Asian, specify

**[ ]** Filipino

**[ ]** Sri Lankan

**[ ]** Indonesian

**[ ]** Vietnamese

[ ]  Nepali

**[ ]** Caucasian or White (of Europe, North Africa, or the Middle East)

LatinX

**[ ]** Central American **[ ]** Mexican

**[ ]** Cuban [ ]  South American, specify

[ ]  Puerto Rican **[ ]** Other LatinX, specify

Native American

[ ]  American Indian

[ ]  Native Alaskan

[ ]  Native Hawaiian

Pacific Islander

 **[ ]** Fijian **[ ]** Polynesians

**[ ]** Guamanian **[ ]** Samoan

**[ ]**  Marshalleses **[ ]** Tahitian

 **[ ]** Melanesians **[ ]** Tongan

**[ ]** Micronesians **[ ]** Other Pacific Islander, specify

**[ ]  Group not mentioned above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been subject to review, challenges, and/or disciplinary action, formal or informal, by an ethics committee, medical disciplinary board, or education/training institution?**

No

Yes. Please explain below.