



2023-2024 LMSA-West High School Pipeline Program Scholarship

The **High School Pipeline Program Scholarship** was developed in 2017 to assist high school students of underrepresented minority background to enroll in pre-med pipeline programs for youth medical education and healthcare career exploration. The objective of this scholarship is to increase interest in healthcare careers and medically oriented research careers among high school students from underrepresented minority backgrounds and low-income students by defraying the costs of participation in these programs. This scholarship will also encourage students to join LMSA early for mentorship opportunities. LMSA-West will award scholarship recipients up to **\$2000** one-time scholarship for established summer enrichment health sciences programs.

ELIGIBILITY

- Applicants must be a high school student during the 2023-2024 academic year within the LMSA-West region states (Alaska, California, Hawaii, Nevada, Oregon, Utah, Washington, Wyoming, Alaska, Montana, and Idaho).
- Must be committed to pursuing a career in medicine and dedicated to serving the Latino and underserved communities. Applicants should also demonstrate a desire to advance the state of healthcare and education in Latino and underserved communities.
- Must demonstrate financial need of funds to cover enrollment/ and or associated costs of summer program. Strong consideration will be placed upon financial need.
- Must be a dues-paying pre-med member of LMSA-West. (Free for high school students. Can also contact LMSA Executive Board for financial assistance if needed). **Membership website:**
https://lmsa.site-ym.com/general/register_member_type.asp
- Students are eligible to receive the scholarship regardless of immigration or citizenship status.
- Applicants must provide documentation of their application into a Summer Health Sciences High School Pipeline Program, as well as verification of acceptance into the program as soon available. Funds will only be disbursed after verified acceptance and planned enrollment.
- Applicants must submit the application in full, (see complete list of required materials below).
- LMSA-West reserves the right to withdraw or withhold scholarship pending submission of necessary documents.

APPLICATION DEADLINE: February 16th, 2024 at 11:59 PM PST. All application materials must ARRIVE by this date!

It is the student's responsibility to submit a complete application and all supporting documents by the deadline. Extensions will **not** be granted. Incomplete or late application materials will result in ineligibility. All application materials should be submitted via email and attached in a **single Adobe Acrobat PDF format** titled **LMSA-West High School Program Pipeline Scholarship - Applicant Last Name, First Initial 2024 to VP_Scholarship@lmsa.net**.

1. **COMPLETED APPLICATION:** Application must be typed and shall not exceed the maximum word and page limits. The page for extracurricular activities may be spaced differently to fit the applicant's activities but may not exceed ONE page. Resumes are **not** acceptable. The completed application *must be RECEIVED by February 16th, 2024 at 11:59 PM PST.*
2. **PERSONAL STATEMENT:** A required **750-word maximum letter of intent** (*single spaced, 12-pt. font*) describing your **family and personal background, educational objectives in attending a summer enrichment health sciences program, your community involvement, financial need, and how you would assist LMSA-West in its mission to provide healthcare to the Latino and underserved communities.** The personal statement is one of the most important selection criteria and is equivalent to an interview. Please do not send any materials not requested.
3. **LETTER OF RECOMMENDATION:** Please submit *one* letter of recommendation addressed to the LMSA-West Scholarship Committee. The letter should comment on the following: **your academic interests and community achievements, personal qualities, potential for future success, financial need, contributions to the Latino community, and any other known sources of funding. This letter may be from a high school teacher and/or mentor.** The letter **MUST** be on official letterhead and signed and may be emailed directly by the recommender (as an attached file on letterhead). The letter must ARRIVE by stated deadline.

2023-2024 LMSA-WEST HIGH SCHOOL PIPELINE PROGRAM SCHOLARSHIP FORM
APPLICATION MUST BE RECEIVED BY February 16th, 2024 at 11:59 PM PST.
PLEASE TYPE ANSWERS INTO SPACE PROVIDED.

4. TRANSCRIPT(S): Submit **unofficial transcript(s)** from high school attending. Transcripts must be from the registrar's office and show a **cumulative GPA and course work to date. Official transcripts will be required from winner.**
5. APPLICATION VERIFICATION: Please submit **documentation verifying application at the institution you are applying for Summer Program.** If awarded a scholarship, you will be expected to submit verification of acceptance and enrollment in the program before funds are disbursed.
6. ENROLLMENT VERIFICATION: Please submit **documentation verifying enrollment** at the school you are currently attending in the 2023-2024 academic year.
7. FINANCIAL AID INFORMATION: Please complete the **financial aid information section** above for the 2023-2024 year indicating your expected expenses for the academic year

Application requests, questions, and other inquiries should be sent to the above address or emailed to VP_Scholarship@lmsa.net Please title your email: **LMSA-WEST HIGH SCHOOL PIPELINE Applicant Last Name, First Initial 2024.**

Determination of which scholarship to be awarded will be based on the information provided on the application and at the sole discretion of the selection committee.

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PERSONAL INFORMATION

Name (Last, First)			
Address (City, State, Zip)			
E-mail Address:			
Permanent Telephone	()	School Telephone	()
Birth Date			
Birth Place (City, State, Country)			

HIGH SCHOOL EDUCATION

High School:			
Graduation Year:			
City, State			
Current Class Standing:	___ Freshman	___ Sophomore	___ Junior ___ Senior

PIPELINE PROGRAM INFORMATION

Program Name:			
Program City, State:			
Program Dates:			
Program Website:			
Program E-mail:			
Program Phone Number:			

PIPELINE PROGRAM EXPENSES

Program Tuition:	\$
Books and Supplies:	\$
Transportation/ Travel:	\$
Room and Board:	\$
Scholarships/ Grants already granted:	\$

FAMILY/PERSONAL FINANCIAL STATEMENT:

2022 Applicant Gross Annual Income	\$
2022 Parent/ Guardian 1 Gross Annual Income	\$
2022 Parent/ Guardian 2 Gross Annual Income	\$
2022 Total Gross Income	\$
Household Savings/ Investments	\$
Total number in household (including applicant)	
Total number of household members ≤18 years old	

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ACTIVITIES

Please include as much information about activities as possible (i.e. hours worked per week, dates of service, description of activities and your role). Do NOT exceed ONE PAGE total.

Community Service, Volunteer, Leadership, and Clinical Experience(s):

Employment and Work Experience(s):

Awards and Achievements:

Research, Publications and other Scholarly Endeavors:

Other:

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Additional Question: Comment on an important health care issue affecting the Latino community and what your first steps to addressing this issue would be (300 words max).

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CERTIFICATION PAGE: *Student must read and sign below to be eligible for consideration.*

I have read and understand the scholarship eligibility criteria. All of the information provided is complete and accurate to the best of my knowledge. By signing below, I am certifying that I am a student with the honest intentions of entering a professional medical career and possess the heartfelt desire towards serving the Latino community with their healthcare needs.

I also certify that I will apply this award toward expenses related to my education in a summer pipeline program. I authorize LMSA-West to share or publish my application information when necessary and give permission to share this information for the purpose of recruitment, public relations, or possible fundraising. Application materials will become the property of the LMSA-West Scholarship Committee and will not be returned.

Signature _____

Date _____

IMPORTANT INFORMATION AND INSTRUCTIONS:

- Please make sure you have your full name on each document you submit.
- Falsification of information may result in termination of any scholarship granted.
- The number of applications received greatly exceeds the number of available scholarships. All decisions/notifications are final.
- Incomplete or late application materials will not be considered.
- Please DO NOT contact LMSA-West for application verification. Award recipients will be notified **3-6 weeks after application deadline.**

This scholarship is sponsored by AltaMed and run by LMSA, a non-profit student organization.

Please send completed and signed application with all necessary documentation **as early in the application period as possible.** Incomplete or late application materials will not be considered.

RECEIPT DEADLINE IS February 16th, 2024 at 11:59 PM PST Email to: VP_Scholarship@lmsa.net

Please title your email: LMSA-West High School Pipeline Program Scholarship Applicant Last Name, First Initial 2024.

Submit this application as a single PDF file with the following items via e-mail ONLY:

1. Completed application
2. Personal Statement
3. Letter of Recommendation
4. Transcript(s) from high schools attended
5. Application Verification
6. Enrollment Verification
7. Financial aid information

Application questions and other inquiries should be emailed to VP_Scholarship@lmsa.net

THANK YOU FOR APPLYING FOR THE LMSA-WEST HIGH SCHOOL PIPELINE PROGRAM SCHOLARSHIP. LMSA-WEST WISHES YOU SUCCESS!