



Latino Medical Student Association

Founded to represent, support, educate, and unify Latino(a) Medical Students

2023-2024 LMSA-West Dr. Amanda Perez Scholarship

The **Dr. Amanda Perez Scholarship** was developed in 2008 to assist **high school and college freshman students** who are interested in pursuing a career as a physician (MD/DO). Personal qualities, financial need, academic and extracurricular achievements will all be considered in the selection process. Dr. Amanda Perez is an alumna of LMSA-West at the Charles Drew University Chapter, where she served as Medical Student Representative. She later was in charge of the Scholarship Program when she served on the Executive Board for the LMSA-West Region. Award recipients may have the chance to meet Dr. Amanda Perez at an official LMSA-West event.

ELIGIBILITY

- Must be High School Senior OR freshman at a 4-year university during the 2023-2024 academic year.
- Must be committed to pursuing a career in medicine (MD/DO) and dedicated to serving the Latino and underserved communities.
- Applicants should demonstrate a desire to advance the state of healthcare and education in Latino and underserved communities through leadership in extracurricular activities and/or membership in civic organizations.
- Students are eligible to receive the scholarship regardless of immigration or citizenship status, as long as the university they attend will allow them to enroll and register for classes.
- Strong consideration will be placed upon financial need.
- Must be a dues-paying member of LMSA-West. (Free for high school students. Can also contact LMSA Executive Board for financial assistance if needed). https://lmsa.site-ym.com/general/register_member_type.asp
- Must be a resident or attending school within the LMSA-West region states (Arizona, California, Hawaii, Nevada, Oregon, Utah, Washington, Wyoming, Alaska, Montana, and Idaho).
- 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 e-mail and attached in a **single file in Adobe Acrobat PDF format** titled **LMSA-West Dr. Amanda Perez Scholarship - Applicant Last Name, First Initial 2024 to VP_Scholarship@lmsa.net**.

1. COMPLETED APPLICATION: Application must be typed and must not exceed the outlined maximum word limits. The signature page must be submitted by email. 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 **one-page** personal statement (*single spaced, 12-pt. font*) describing your family and personal background, educational objectives, 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 performance, academic and community achievements, personal qualities, potential for future success, and contributions to the Latino community. This letter may be from a high school teacher. 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 may not exceed 2 pages and must ARRIVE by **February 16th, 2024 at 11:59 PST**.
4. TRANSCRIPT(S): Submit unofficial transcript(s) from high school and colleges attended. Transcripts must be from the registrar's office and show a cumulative GPA and coursework to date. **Scholarship winners will be required to provide official transcripts.**
5. ENROLLMENT VERIFICATION: Please submit a letter from the registrar verifying enrollment at the institution you are currently attending or will be attending in the 2023-2024 academic year.

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

6. **FINANCIAL AID INFORMATION:** Please include a complete copy of your 2023-2024 Student Aid Report (SAR) and Financial Aid Award Letter. If you did not apply or qualify for Financial Aid, please submit an additional statement of up to 200 words indicating your expected expenses for one academic year and an explanation of why you did not apply for Financial Aid and your need for this scholarship.

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 DR. AMANDA PEREZ SCHOLARSHIP.

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.

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

UNDERGRADUATE AND/OR POST-BACCALAUREATE EDUCATION

College Name:		Dates Attended:	
Major:		GPA:	
Career Focus:			
Degree Expected:		Date:	

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Major:		GPA:	
Career Focus:			
Degree Expected:		Date:	

CURRENT CLASS STANDING: (Double-Click to open and check one)

High School: Freshman Sophomore Junior Senior Other: _____
 Undergraduate: Freshman Sophomore Junior Senior Other: _____

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FAMILY/PERSONAL FINANCIAL STATEMENT:

2023-2024 Academic Year Expenses (estimated)		2023-2024 Academic Year Income (estimated)	
Tuition	\$	Expected Student Salary	\$
Books and supplies	\$	Scholarships/ Fellowships	\$
Room and Board	\$	Federal Pell Grant	\$
Transportation	\$	Student Loans	\$
Other	\$	Other Grants	\$
Total Cost of Education	\$	Total Projected Income	\$

Please explain if you do not qualify for financial aid or did not apply, you may also specify any extraordinary, unforeseen, or very unusual expenses. You may include up to 200 words on a separate sheet of paper. This should be separate from your personal statement.

2022 (last year's) Annual Family Income: (Or most reasons income information)

2022 Applicant Gross Annual Income	\$
2022 Parent/ Guardian 1 Gross Annual Income	\$
2022 Parent/ Guardian 2 Gross Annual Income	\$
2022 Spouse 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 in total.

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

Employment and Work Experience(s):

Awards and Achievements:

Other:

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Additional Question (on a separate page): 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 a heartfelt desire towards serving the Latino and other underserved communities with their healthcare needs.

I also certify that I will apply this award toward expenses related to my education at a four-year university. 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 filled out the application completely.
- 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 the application deadline.**

This scholarship is run by LMSA-West, a non-profit student organization, and sponsored by Dr. Amanda Perez.

Please send the 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 e-mail: LMSA-West Dr. Amanda Perez Scholarship Applicant Last Name, First Initial 2024

You may submit this application with the following items via e-mail ONLY:

1. Completed application
2. Personal Statement
3. Letter of Recommendation
4. Transcripts
5. Enrollment verification from school
6. Financial aid information

Application questions and other inquiries should be sent to the above address or emailed to VP_Scholarship@lmsa.net

THANK YOU FOR APPLYING FOR THE LMSA-WEST DR. AMANDA PEREZ SCHOLARSHIP. LMSA-WEST WISHES YOU SUCCESS!