



Latino Medical Student Association

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

2023-2024 LMSA-West Canopy Scholarship

The **LMSA-West Canopy Scholarship** was developed in 2021 to assist future LMSA healthcare providers to provide better care to Spanish-speaking patients. The CanopyLearn Medical Spanish is a self-paced eLearning course and was created to eliminate the language barrier by empowering healthcare systems to invest in recognizing and supporting their bilingual staff, build capacity for deploying reusable multilingual content, and capture reimbursement for language services from payers. Three awards are awarded each year to one high school student, one medical student, and one resident/fellow.

ELIGIBILITY

- Must be committed to pursuing a career in medicine 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.
- Must be either a high school student, medical student, or resident/fellow in the 2023-2024 academic year.
- 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 pre-med member of LMSA-West. (Can contact LMSA Executive Board for financial assistance if needed). **Membership website:** 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 email and attached in a **single Adobe Acrobat PDF format** titled **LMSA-West Canopy Scholarship - Applicant Last Name, First Initial 2024** to **VP_Scholarship@lmsa.net**.

1. **COMPLETED APPLICATION:** Application must be typed and shall not exceed the space provided. The signature page must be submitted by email. The signature page *must be RECEIVED* by **February 16th, 2024 at 11:59 PM PST**.
2. **VIDEO:** A 60-90 second video explaining why it is important to learn Medical Spanish. Please upload it to your Google Drive or YouTube. When sending us the application, please paste the URL to the clip. It should be noted that the URL must be accessible to anyone who has the link. The acceptable format if uploaded to Google Drive is MOV. Please do not send any materials not requested.
3. **TRANSCRIPT(S):** Submit unofficial transcript(s) from your respective institutions. Transcripts must be from the registrar's office and show a cumulative GPA and coursework to date. Official transcripts of winners will be required. **(Residents/Fellows are exempt.)**
4. **ENROLLMENT VERIFICATION:** Please submit proof of enrollment at the institution you are currently attending.
5. **FINANCIAL AID INFORMATION:** Please include a complete copy of your 2023-2024 Student Aid Report (SAR) and Financial Aid Award Letter. If you do not qualify for financial aid or did not apply, or have 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. **(Residents/Fellows are exempt.)**

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 Canopy Scholarship – 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.

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

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:	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		

UNDERGRADUATE AND/OR POST-BACCALAUREATE EDUCATION

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

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

RESIDENCY PROGRAM

Residency Program:		Dates Attended:	
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FELLOWSHIP PROGRAM

Fellowship Program:		Dates Attended:	
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CURRENT CLASS/PROGRAM STANDING: _____

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 why 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:

2022 Applicant Gross Annual Income	\$
2022 Parent/ Guardian 1 Gross Annual Income	\$

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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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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 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.

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 PST Email to: VP_Scholarship@lmsa.net

Please title your email: LMSA-West Canopy Scholarship – Applicant Last Name, First Initial 2024.

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

1. Completed application
2. Video
3. Transcript (Residents/fellows are exempt)
4. Proof of enrollment
5. Financial aid information(Residents/fellows are exempt)

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 Canopy SCHOLARSHIP. LMSA-WEST WISHES YOU SUCCESS!