Latino Medical Student Association

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

2025-2026 LMSA-West "Si Se Puede" AMCAS®/AACOMAS® Scholarship

The "Si Se Puede" Medical School Application Scholarship was developed in 2004 to assist pre-medical students with the financial burden of applying to accredited U.S. Medical Schools. Personal qualities, financial need, academic and extracurricular achievements will be considered in the selection process. LMSA-West will award **four (4) scholarship recipients with $1000** for medical school application expenses.

ELIGIBILITY

- Eligible applicants should have submitted AMCAS® OR AACOMAS® applications for the cycle that would allow for *matriculation* into medical school in the fall of 2025.
- Students interested in applying to Allopathic and/or Osteopathic Schools of Medicine are welcome to apply.
- Funds can be used for AMCAS® OR AACOMAS® registration fees. Original receipts and other pertinent documents **must** be submitted for the award to be distributed. Winners will receive details with notification of the award. LMSA reserves the right to withdraw or withhold scholarship pending submission of necessary documents.
- 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 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).
- Students are eligible to receive the scholarship regardless of immigration or citizenship status.
- Winners must provide a small blurb about themselves to highlight on the LMSA-West social media outlets and website
- LMSA reserves the right to rescind awards pending lack of submission or falsification of any documents.

APPLICATION DEADLINE: December 6th, 2025 at 11:59PM 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 "Si Se Puede" Scholarship - Applicant Last Name, First Initial 2025 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* **December 6th, 2025 at 11:59pm 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 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. TRANSCRIPT(S): Submit unofficial transcript(s) from all institutions attended, except high school. Transcripts must be from the registrar's office and show a cumulative GPA and coursework to date. If awarded a scholarship, official transcripts must be sent to verify reported grades. LMSA reserves the right to rescind awards if any falsification is found when comparing official and unofficial documents.
4. FINANCIAL AID INFORMATION: Submit a complete copy of your 2025-2026 Student Aid Report (SAR), demonstrating the expected family and student contributions. If you did not apply or qualify for Financial Aid, please submit a statement 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.
5. A copy of a verified, finalized AMCAS/AACOMAS pdf.

2025-2026 LMSA-WEST SI SE PUEDE SCHOLARSHIP FORM
APPLICATION MUST BE RECEIVED BY December 6th, 2025, at 11:59PM PST. PLEASE TYPE ANSWERS INTO SPACE PROVIDED.

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 SI SE PUEDE SCHOLARSHIP Applicant Last Name, First Initial 2025.

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:			
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:	

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

GRADUATE EDUCATION

Graduate School:		Dates Attended:	
Area of Study:		Graduate Degree:	

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

Undergraduate: ☐Freshman ☐Sophomore ☐Junior ☐Senior ☐Other: _____
Post-Baccalaureate: ☐First year ☐Second Year ☐Third Year ☐Fourth Year
Graduate School: ☐First year ☐Second Year ☐Third Year ☐Fourth Year

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MCAT® AND TEST PREPARATION: (Please complete as possible. Mark N/A for not applicable items)

1. I have taken the MCAT® ☐ Yes ☐No Number of times:_____
   If yes, state the date(s) (month, year): _____

Chemical and Physical Foundations of Biological Systems	
Biological and Biochemical Foundations of Living Systems	
Critical Analysis and Reasoning Skills	
Psychological, Social and Biological Foundations of Behavior	
TOTAL	

2. Scores of most recent MCAT®:

AMCAS® OR AACOMAS® REGISTRATION: (Please complete as possible. Mark N/A for not applicable items)

1. Have you applied to medical school for matriculation into medical school in 2025?☐ Yes☐No (INELIGIBLE)
   If so, indicate the number of schools that you applied for in each category:

CATEGORY	NUMBER OF SCHOOLS APPLIED TO
AMCAS®	
AACOMAS®	
Caribbean and/or Foreign Medical schools	
TOTAL	

2. Did you apply for the AMCAS® and/or AACOMAS® Fee Assistance Program (FAP) this cycle? (Check all that apply): ☐ AMCAS® ☐ AACOMAS®
   If you applied for this waiver(s), which ones did you receive? ☐ AMCAS® ☐ AACOMAS®

3. Please indicate if you expect to receive another form of aid/scholarship to help you pay for applications. If so, name the aid and amount below.
   a. _____
   b. _____

4. Have you applied to Medical school in previous cycles? ☐ Yes ☐No

CATEGORY	NUMBER OF TIMES APPLIED
AMCAS®	
AACOMAS®	
Caribbean and/or Foreign Medical schools	
TOTAL	

MEDICAL SCHOOL APPLICATION EXPENSES FOR THIS CYCLE

AMCAS® REGISTRATION EXPENSES		AACOMAS® REGISTRATION EXPENSES	
Primary Application Fees	$	Primary Application Fees	$
Additional School(s) Fees	$	Additional School(s) Fees	$
Other	$	Other	$
TOTAL AMCAS® Expenses		TOTAL AACOMAS® Expenses	

Estimated Secondary Application Expenses: $ _____ Number of Schools: _____
Estimated Interview Travel and Lodging Expenses $ _____ Number of Schools: _____

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FAMILY/PERSONAL FINANCIAL STATEMENT:

2025-2026 Academic Year Expenses and Income (estimated):

2025-2026 Expected Student Salary	$
Scholarship/ Fellowships	$
Other Grants	$
Student Loans	$
Other	$
Total	$

2024 Annual Family Income

2024 Applicant Gross Annual Income	$
2024 Parent/ Guardian 1 Gross Annual Income	$
2024 Parent/ Guardian 2 Gross Annual Income	$
2024 Spouse Gross Annual Income	$
2024 Total Gross Income	$
Household Savings/ Investments	$
Total number in household (including applicant)	
Total number of household members ≤18 years old	

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

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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:

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 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 community with their healthcare needs.

I also certify that I will apply this award toward expenses related to AMCAS® OR AACOMAS® registration fees. I agree to submit receipts and proof of registration for the AMCAS® OR AACOMAS® registration fees prior to receiving any funds. Falsification of materials or use of funds for other than AMCAS® OR AACOMAS® registration fee-related expenses already stated might result in termination of any scholarship award provided. I authorize LMSA 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 fill 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, a non-profit student organization, and is not affiliated with the American Medical College Application Service (AMCAS®) or the American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS®).

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 December 6th, 2025 at 11:59 PST Email to: VP_Scholarship@lmsa.net
Application questions and other inquiries should be emailed to VP_Scholarship@lmsa.net
Please title your email: LMSA-West Si Se Puede Scholarship Applicant Last Name, First Initial 2025.

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

1. Completed application
2. Personal Statement
3. Transcript(s)
4. Financial aid information
5. A copy of a verified, finalized AMCAS/ AACOMAS PDF.

Winners will be required to provide the following documents prior to award disbursement:

1. Official transcripts
2. Receipts and proof of AMCAS® or AACOMAS® registration

THANK YOU FOR APPLYING FOR THE LMSA-WEST SI SE PUEDE SCHOLARSHIP. LMSA-WEST WISHES YOU SUCCESS!