



Latino Medical Student Association

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

AltaMed

2025-2026 LMSA-West Latino Health Research Scholarship

The Latino Health Research Scholarship was developed in 2017 to support, encourage, and facilitate scholarly research and academic engagement by LMSA-West medical students. This scholarship will provide them with an opportunity to fund their projects, prepare their research and/or disseminate their work in the areas of Latino health and health disparities. The aims of this scholarship are to promote the exchange of information related to Latino health and to increase the number of Latino students and Latino health-focused academic research. Therefore, LMSA-West will provide one scholarship recipient with a one-time research scholarship, in the amount of **\$1,000** to support the development and dissemination of novel research in areas of Latino health and health disparities.

ELIGIBILITY

- Must have a developed project in process with an assigned mentor and timeline, and all necessary certifications per institution (IRB approval, consents, translation, etc).
- Must have a demonstrated financial need of funds for study recruitment, supplies, printing, travel, etc.
- **All LMSA-West medical students with demonstrated research projects are encouraged to apply, preference will be given to students conducting research addressing Latino health and health disparities.**
- Must be committed to pursuing a career in medicine and dedicated to serving the Latino and underserved communities.
- Must be a dues-paying member of LMSA-West. (Can contact LMSA-West Executive Board for financial assistance if needed). https://lmsa.site-ym.com/general/register_member_type.asp
- Applicants will submit their CV, letter of intent, and recommendation letter from a school faculty, research preceptor justifying use of funds.
- Students are eligible to receive the scholarship regardless of immigration or citizenship status.
- 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).
- Must submit a CV, letter of intent, and recommendation letter from a school faculty or research preceptor justifying funds.
- LMSA-West reserves the right to withdraw or withhold scholarship pending submission of necessary 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 email and attached in a **single Adobe Acrobat PDF format** titled LMSA-West Latino Health Student Research Scholarship - Applicant Last Name, First Initial 2025*2026 to VP_Scholarship@lmsa.net.

1. **COMPLETED APPLICATION:** Application must be typed and shall not exceed the outlined maximum word and page limits.
2. **PERSONAL STATEMENT:** A required **750-word maximum letter of intent** (*single spaced, 12-pt. font*) describing the **educational objectives of your research project, including study design, timeline, and future plans to publish/present/ and or distribute your findings, and describe how you would assist LMSA-West in its mission to provide healthcare to the Latino and underserved communities and increase the academic presence of Latino health research.** 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 **your role in the research, faculty member involvement, and ways in which the study would advance Latino health knowledge and/or Latino representation in academic medicine.** 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 the stated deadline.
4. **ENROLLMENT VERIFICATION:** Please submit a letter from the registrar verifying enrollment at the institution you are currently attending in the 2025-2026 academic year.
5. **CV:** Please submit a copy of your most up-to-date CV

Application requests, questions, and other inquiries should be sent to the above address or emailed to

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

VP_Scholarship@lmsa.net Please title your email: LMSA-WEST LATINO HEALTH RESEARCH SCHOLARSHIP - Applicant Last Name,
First Initial 2025*2026

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.

CLASS STANDING (Check One):

First Year:____ Second Year:____ Third Year:____ Fourth Year:____ Other:_____

ANTICIPATED EXPENSES OF STUDY: Please provide an itemized breakdown of individual costs. Add additional lines as needed.

Research Expenses (estimated total): \$ _____

DESCRIPTION	ESTIMATED COST

■
AMOUNT OF RESEARCH FUNDING FROM OTHER SOURCES: Please provide an itemized breakdown of all prior sponsorships of your research. Add additional lines as needed.

Other Research Financial support (estimated total): \$ _____

DESCRIPTION	ESTIMATED COST

■

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ANSWERS INTO SPACE PROVIDED.

CERTIFICATION: *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 the research project described in this application. 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 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 sponsored by AltaMed and run by LMSA, a non-profit student organization.

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 11:59PM PST. Email to: VP_Scholarship@lmsa.net

Please title your email: LMSA-West Latino Health Research 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. Letter of Recommendation
4. Enrollment Verification
5. CV
6. Signed Certification Page

Application questions and other inquiries should be emailed to VP_Scholarship@lmsa.net. Please title your email:
LMSA- West LATINO HEALTH RESEARCH SCHOLARSHIP 2025*2026

THANK YOU FOR APPLYING FOR THE LATINO HEALTH RESEARCH SCHOLARSHIP, LMSA-WEST WISHES YOU SUCCESS!