



Department of Radiation Oncology Educational Programs

200 Medical Plaza Suite B265 Los Angeles, CA 90095

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Diversity in Medicine Visiting Student Scholarship Application Form

Name (Last, First):	
Preferred Name:	
Address:	
Email Address:	Phone Number:
Medical School:	Expected Date of Graduation:

COMPLETED APPLICATIONS WILL ADDITIONALLY INCLUDE THE FOLLOWING:

1. Statement that describes the student's interest in the UCLA Radiation Oncology elective, their path traveled, any work or activities relating to equity, diversity, and inclusion, and any underrepresented lived experiences or backgrounds. (500 word limit)
2. One letter of recommendation from a faculty member, advisor, or mentor
3. Curriculum Vitae