



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



2024-2025 LMSA-West Dreamers of Tomorrow Scholarship

The **Dreamers of Tomorrow Scholarship** was developed in 2017 to support **undocumented medical and pre-medical students** attending school in the LMSA West Region states (Arizona, California, Hawaii, Nevada, Oregon, Utah, Washington, Wyoming, Alaska, Montana, and Idaho).

This scholarship aims to lessen the undue burden undocumented students face in financing their medical education. The aims of this scholarship are to support students whose mission aligns with LMSA's mission and increase the diversity of medical colleges throughout the western region by supporting undocumented students who are interested in pursuing a career in medicine.

Students that apply for the scholarship do so with the understanding that their application and immigration status will be de-identified to the voting members of the LMSA West Regional Board. After scholarship decisions are made, the applicant's award and personal information will not be publicized, collected, or shared by individuals within or outside of LMSA unless the scholarship winner gives expressed signed consent for LMSA to share their story within our social media circle to promote our advocacy efforts for undocumented students.

LMSA West will collaborate with Pre-Health Dreamers to provide one scholarship recipient with a one-time scholarship, in the amount of **\$1,800**.

ELIGIBILITY

- Must be committed to pursuing a career in medicine and dedicated to serving the Latino and underserved communities.
- Must have a demonstrated financial need of funds.
- Must be a dues-paying member of LMSA-West. (Can contact LMSA Executive Board for financial assistance if needed). <http://national.lmsa.net/register.html>
- 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.
- LMSA-West reserves the right to withdraw or withhold the scholarship pending submission of necessary documents.

APPLICATION DEADLINE: **December 6th, 2024 by 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 Dreamers of Tomorrow Scholarship - Applicant Last Name, First Initial 2024*2025** to **vp_scholarship@lmsa.net**.

1. COMPLETED APPLICATION: Application must be typed and shall not exceed the outlined maximum words. The signature page must be submitted by email.
2. APPLICATION QUESTIONS: Your responses to these questions are one of the most important selection criteria and are equivalent to an interview. Please do not send any materials not requested.
3. ENROLLMENT VERIFICATION: Please submit a letter from the registrar verifying enrollment at the institution you are currently attending in the 2024-2025 academic year.
4. CV: Please submit a copy of your most up-to-date CV.
5. FINANCIAL AID INFORMATION: Please include a complete copy of your 2024-25 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 page. This should be separate from your personal statement.

2023-2024 LMSA-WEST DREAMERS OF TOMORROW SCHOLARSHIP FORM
APPLICATION MUST BE RECEIVED BY December 6th, 2024 by 11:59 PM PST. PLEASE TYPE
ANSWERS INTO SPACE PROVIDED.



One \$1800 scholarship will be awarded. 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)			

MEDICAL EDUCATION (for current medical students)

Medical School	
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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)

Undergraduate: Freshman Sophomore Junior Senior Other: _____
 Medical School: MS1 MS2 MS3 MS4 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.

2023 (last year's) Annual Family Income:

2023 Applicant Gross Annual Income	\$
2023 Parent/ Guardian 1 Gross Annual Income	\$
2023 Parent/ Guardian 2 Gross Annual Income	\$
2023 Spouse Gross Annual Income	\$
2023 Total Gross Income	\$
Household Savings/ Investments	\$
Total number in household (including applicant)	
Total number of household members ≤18 years old	

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APPLICATION QUESTIONS:

Please answer the following questions.

QUESTION #1: How do your current/ future professional goals assist LMSA in its mission to provide healthcare to the Latino community and/or increase Latino representation in the medical profession? (200 words)

QUESTION #2: Describe an obstacle/ challenge in your life and what lessons you learned from this obstacle/ challenge. (200 words)

QUESTION #3: How do you plan to advocate for and with immigrant communities as a future health professional? (200 words)

QUESTION #4: Comment on an important health care issue affecting the Latino community and what your first steps to addressing this issue would be. (300 words)

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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. Application materials will become the property of the LMSA-West Scholarship Committee and will not be returned.

Signature _____ Date _____

CONSENT FOR MEDIA RELEASE

If selected as a winner, your personal information will not be publicized, collected or shared by individuals within or outside of LMSA **unless scholarship winner gives expressed signed consent for LMSA to share their story within our social media circle to promote our advocacy efforts for undocumented students.**

I give consent for LMSA to share my story and my name within LMSA/ Pre-Health Dreamers social media circle

I give consent for LMSA to share my story only with no identifiers within LMSA/ Pre-Health Dreamers social media circle

I do not authorize LMSA to share my story within LMSA/ Pre-Health Dreamers social media circle

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 Pre-Health Dreamers and funded by AltaMed and LMSA-West.

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, 2024 by 11:59 PM PST. Email to: vp_scholarship@lmsa.net.

Please title your email: LMSA-West DREAMERS OF TOMORROW SCHOLARSHIP Applicant Last Name, First Initial 2024.

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

1. Completed application
2. Responses to application questions
3. Signed Certification Page
4. Copy of CV
5. Copy of financial aid award letter
6. Enrollment verification from school

Application questions/ inquiries should be sent to the above address or emailed to vp_scholarship@lmsa.net.

THANK YOU FOR APPLYING FOR THE LMSA-WEST DREAMERS OF TOMORROW SCHOLARSHIP. LMSA-WEST WISHES YOU SUCCESS!