



# Latino Medical Student Association

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

## 2024-2025 LMSA-West Cinthya Felix Scholarship

The **Cinthya Felix Scholarship** was developed in 2011 to assist undergraduate and post-baccalaureate students who are interested in pursuing a career in medicine. Cinthya Felix grew up in East Los Angeles, graduated from UCLA in 2007 with a degree in English and Spanish literature, and was the first undocumented student to attend Columbia University's Mailman School of Public Health. She was instrumental in founding the UCLA group IDEAS (Improving Dreams, Equality, Access, and Success), an on-campus group dedicated to supporting and advocating for AB 540 students. She wanted to become a physician and serve her community. Cinthya was 26 years old when she died in May 2010 in a car accident. At that time, Cinthya was working multiple jobs as a waitress, research assistant, and babysitter to pay for her rent, food, tuition, and to send money to her family. This year, three scholarship recipients will be chosen and awarded **\$500 each**.

### 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 sophomore level or higher at 4-year university or post-baccalaureate student during 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](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: **December 6<sup>th</sup>, 2025 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 Cinthya Felix 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 space provided. The signature page must be submitted by email. 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 signature page *must be RECEIVED by December 6<sup>th</sup>, 2025 at 11:59 PM 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-West 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. **LETTER OF RECOMMENDATION:** Please submit *one* letter of recommendation addressed to the LMSA-West Scholarship Committee. The letter should comment on the following: your academic performance, academic and community achievements, personal qualities, potential for future success, and contributions to the Latino and/or other underserved communities. The letter **MUST** be on official letterhead, include a signature, and may be emailed directly by the recommender (as an attached file on letterhead). The letter may not exceed 2 pages. The letter must be emailed to [VP\\_Scholarship@lmsa.net](mailto:VP_Scholarship@lmsa.net) and received by **December 6<sup>th</sup>, 2025 at 11:59 PM PST.**
4. **TRANSCRIPT(S):** Submit unofficial transcript(s) from all undergraduate and post-baccalaureate institutions attended. Transcripts must be from the registrar's office and show a cumulative GPA and coursework to date. Official transcripts of winners will be required.
5. **ENROLLMENT VERIFICATION:** Please submit a letter from the registrar verifying enrollment at the institution you are currently attending or will be attending in the 2024-2025 academic year.

**2024-2025 LMSA-WEST CINTHYA FELIX SCHOLARSHIP FORM**  
**APPLICATION MUST BE RECEIVED BY December 6<sup>th</sup>, 2025 at 11:59 PM PST. PLEASE**  
**TYPE ANSWERS INTO SPACE PROVIDED.**

6. FINANCIAL AID INFORMATION: Please include a complete copy of your 2024-2025 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.**

Application requests, questions, and other inquiries should be sent to the above address or emailed to [VP\\_Scholarship@lmsa.net](mailto:VP_Scholarship@lmsa.net) Please title your email: **LMSA-WEST CINTHYA FELIX SCHOLARSHIP Applicant Last Name, First Initial 2024\*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:	<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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Major:		GPA:	
Career Focus:			
Degree Expected:		Date:	

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

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

Undergraduate:     Freshman     Sophomore     Junior  Senior     Other: \_\_\_\_\_

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**FAMILY/PERSONAL FINANCIAL STATEMENT:**

<b>2024-2025 Academic Year Expenses (estimated)</b>		<b>2024-2025 Academic Year Income (estimated)</b>	
Tuition	\$	Expected Student Salary	\$
Books and supplies	\$	Scholarships/ Fellowships	\$
Room and Board	\$	Federal Pell Grant	\$
Transportation	\$	Student Loans	\$
Other	\$	Other Grants	\$
<b>Total Cost of Education</b>	<b>\$</b>	<b>Total Projected Income</b>	<b>\$</b>

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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**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 (on a separate page):** 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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**TYPE ANSWERS INTO SPACE PROVIDED.**

**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. 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 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 6<sup>th</sup>, 2025 at 11:59 PM PST. Email to: [VP\\_Scholarship@lmsa.net](mailto:VP_Scholarship@lmsa.net)**

Please title your email: LMSA-West CINTHYA FELIX SCHOLARSHIP Applicant Last Name, First Initial 2024.

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

1. Completed application
2. Personal Statement
3. Letter of Recommendation
4. Transcripts
5. Enrollment verification from school
6. Financial aid information

Application questions and other inquiries should be sent to the above address or emailed to [VP\\_Scholarship@lmsa.net](mailto:VP_Scholarship@lmsa.net)

**THANK YOU FOR APPLYING FOR THE LMSA-WEST CINTHYA FELIX SCHOLARSHIP. LMSA-WEST WISHES YOU SUCCESS!**