CEDARS-SINAI MEDICAL CENTER DIVERSITY EQUITY AND INCLUSION PROGRAM

ARTHUR JOHNSON, MD VISITING CLERKSHIP SCHOLARSHIP

APPLICATION 2024-2025

Applicants must be confirmed to a rotation at Cedars-Sinai before submitting this application.

Note: The Diversity Equity and Inclusion Program stipend award is available to 25 qualified fourth-year students completing rotations at Cedars-Sinai between June and December 2024. It will be paid in two installments (before and during the rotation).

PERSONAL INFORMATION				
Last Name	First Name	Middle Name		
Primary Phone Number		Primary E-Mail Address		
Mailing Address (Including state and zip cod	de)			
Name of Medical School		Anticipated Date of Graduation		
Cedars-Sinai Residency Program of Interest				
CLERKSHIP ENROLLMENT		ROTATION PERIOD		
Sponsoring Department		Start		
Name of Rotation		End		
GENDER IDENTITY		RACE/ETHNICITY		
☐ Male ☐ Female ☐ Transgender Female ☐ Transgender Male ☐ Gender Variant/Non-Conforming ☐ Genderqueer or nonbinary ☐ Agender ☐ Other ☐ I do not wish to respond		Choose all that apply American Indian or Alaska Native Asian/Asian American Black or African American Native Hawaiian or Pacific Islander White Other (please specify) Hispanic/Latino I do not wish to respond		

PARENT/GUARDIAN 1 - EDUCAT	ION	PARENT/GUARD	IAN 2 - EDUCATION			
Less than High School		Less than High School				
High School/GED		☐ High School/GED				
Some College		Some College				
College Graduate		College Graduate				
Unknown		Unknown				
PLEASE READ EACH QUESTION BELOW CAREFULLY. ANSWER CLEARLY AND CONCISELY IN NO MORE THAN 200 WORDS EACH.						
What challenges or barriers you have faced in reaching this point in your career in medicine (e.g. socioeconomic, language, educational, disabilities)?						
What are your career goals and how does a clerkship at Cedars-Sinai fit into those goals?						
what are your career goals and now does a cierkship at cedars shiar he into those goals:						
What is your financial need for the \$3000 scholarship?						
	Signature:		Date:			



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