**Urban Underserved Program Application**

Email completed application to: [adriennesavage@uabmc.edu](mailto:adriennesavage@uabmc.edu)

Deadline for submission: **Sunday, August 30, 2020**

***We will review applications and email interview invitations by September 5th***

**Name:**

**E-mail address:** ­

**Assigned clinical campus:**

( ) Birmingham ( ) Huntsville ( ) Montgomery ( ) Tuscaloosa

**Essays**

1. *Why are you interested in working with medically underserved communities? What has informed or influenced your interest?*
2. *What do you hope to gain from the Urban Underserved Program? What do you think you could contribute?*
3. *Describe the career you envision for yourself as a practicing physician and why.*