**Application: Underrepresented in Medicine Senior Scholarship Program for Pediatrics at University of Alabama School of Medicine**

On this or another word document, please provide the following information (CVs may be included):

* Last name, First name

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* DOB

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* E-mail address

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* Phone number

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* Letter of Intent: Please provide a 500-word statement as to your qualification and desires for participating in the Pediatrics Diversity Program.

I certify that all the information provided in this application is accurate and correct to the best of my knowledge.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information should be emailed to Cassi Smola ([csmola@peds.uab.edu](mailto:csmola@peds.uab.edu))