
AMERICAN PSYCHIATRIC ASSOCIATION
MINORITY MEDICAL STUDENT
AWARDS
APPLICATION FORM

Application must be typed or legible. Print this form, complete, and mail or fax to address on page 3.

PLEASE CHECK AWARD APPLYING FOR (only one):

- | | |
|---|---|
| <input type="checkbox"/> MAY ANNUAL MEETING | <input type="checkbox"/> INSTITUTE ON PSYCHIATRIC SERVICES (IPS)
MEETING (OCTOBER) |
| <input type="checkbox"/> SUMMER EXTERNISHP IN
ADDICTION PSYCHIATRY | <input type="checkbox"/> SUMMER MENTORING PROGRAM |

BIOGRAPHICAL/PERSONAL INFORMATION

1. Name: _____

2. Home or mailing Address: _____

Phone: _____

3. Social Security No: _____

4. Email: _____ Current Year in Medical School _____

5. Sex: Male Female

6. U.S. Citizen: Yes No

If not a U.S. citizen, are you a permanent resident? Yes No

7. Ethnic Identification:

American-Indian/Alaska Native/Native Hawaiian _____

Asian American, including but not limited to: (check one)

- | | | |
|--------------------------------|------------------------------|--|
| <input type="radio"/> Japanese | <input type="radio"/> Indian | <input type="radio"/> Chinese |
| <input type="radio"/> Filipino | <input type="radio"/> Korean | <input type="radio"/> Pacific Islander |

Other, please specify: _____

African-American (please self-define): _____

Hispanic/Latino, including but not limited to (check one):

- | | | |
|-----------------------------|--|------------------------------------|
| <input type="radio"/> Cuban | <input type="radio"/> Mexican American | <input type="radio"/> Puerto Rican |
|-----------------------------|--|------------------------------------|

Other, please specify: _____

Ethnic minorities are: American-Indian/Alaska Native/Native Hawaiian, Asian American, African American and Hispanic/Latino.

8. Medical School:

Name	Location (address)	Dates of Enrollment
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CHOICE OF WORK SETTING (if applying for one of the summer programs answer #9 & 10)

9. Please choose preferred work settings for the summer programs (check all that apply).

Academic Clinical Research

10. Please choose subspecialty you are interested in (choose all that apply)

Substance Abuse/Addiction Geriatric Forensic
 Child and Adolescent Consultation-Liaison Public and Community

CURRICULUM VITAE

11. Send a copy of your updated curriculum vitae along with this application.

STATEMENT OF INTEREST

12. On a separate sheet, write a brief statement of interest, not to exceed one typewritten page.

13. **How did you hear about this award?**

14. Include a letter from your medical school dean's office indicating that you are a medical student in good academic standing.

I certify that the above information is correct.

Signature: _____

Date: _____

PLEASE NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS THE APPLICATION FORM HAS BEEN COMPLETED AND WE HAVE RECEIVED YOUR CURRICULUM VITAE, STATEMENT OF INTEREST, AND DEAN'S LETTER.

ALL MATERIAL MUST BE RECEIVED BY:
JANUARY 28, 2009 (Annual Meeting)
FEBRUARY 27, 2009 (Summer Mentoring)

FEBRUARY 27, 2009 (Summer Externship)
JUNE 26, 2008 (IPS Meeting)

Send material to:

Marilyn King
American Psychiatric Association
Department of Minority and National Affairs
1000 Wilson Blvd
Suite 1825
Arlington, VA 22209
Tel: (703) 907-8653 or 1-888-357-7924
Fax: (703) 907-7852
Email: omna@psych.org

(Applicants will be notified by email. So please make sure you include your current email address.)

