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AMERICAN PSYCHIATRIC ASSOCIATION  
MINORITY MEDICAL STUDENT  
AWARDS  
APPLICATION FORM

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

**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="checkbox"/> Japanese | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese          |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Pacific Islander |

Other, please specify: \_\_\_\_\_

African-American (please self-define): \_\_\_\_\_

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

- |                                |   |                                       |
|--------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Cuban | <input type="checkbox"/> Mexican American | <input type="checkbox"/> 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, 2008 (Annual Meeting)**  
**FEBRUARY 28, 2008 (Summer Mentoring)**  
**FEBRUARY 28, 2008 (Summer Externship)**  
**JUNE 23, 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](mailto:omna@psych.org)

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

