



## **Juan Villagomez, M.D.**

Memorial Scholarship Fund

### **2009 CALIFORNIA LATINO MEDICAL ASSOCIATION PROGRAM APPLICATION**

The Juan Villagomez, MD Memorial Fund and the California Latino Medical Association (CaLMA) provide financial resources to assist outstanding Latinos in pursuing careers and specialties in medicine. The scholarships are awarded on a competitive basis, to full-time Hispanic/Latino medical graduate students. Awards are between \$1,500 and \$2,500.

**Eligibility-** *All applicants must meet the following minimum eligibility requirements:*

- Be of Hispanic/Latino background or native born Latino.
- Be a U.S. Citizen or a Legal Permanent Resident.
- Be accepted or attending one of California's accredited Medical Schools.

**Selection-** *Students will be separately evaluated for scholarship awards. Applications will be evaluated on the following selection criteria:*

- Notable academic achievement
- Participation in community development or community service
- Financial need
- Essay

**Application Procedure-** *All documents must be submitted on white 8-1/2 x 11 paper with each page bearing the full legal name and last four digits of applicant's social security number.*

*A complete application packet includes the following items:*

- 1) Completed and signed CaLMA Scholarship Application.
- 2) A **one-page** essay that addresses the following topic:  
*What suggestions do you have for improving Latino's access to health care?*
- 3) A resume detailing your employment and job responsibilities in chronological order, and current cumulative GPA.
- 4) **Digital headshot** to use in future scholarship publications. If mailing in, please submit on CD or USB.

#### **APPLICATION DEADLINE: Friday March 13, 2009**

(Awards to be announced by Monday March 23, 2009 and issued March 28, 2009)

**\*\*\*\*\*EARLY SUBMITTALS WILL RECEIVE EARLY SCORING\*\*\*\*\*  
SUBMIT AS EARLY AS POSSIBLE**

It is the student's responsibility to submit a complete application and all supporting documents in one packet, postmarked by the deadline. Applications will be accepted by FAX, USPS or e-mail with scanned signatures. Submit complete application packet to:

**Juan Villagomez, M. D. Memorial Scholarship Fund  
California Latino Medical Association  
4406 Muscatel Ave. Rosemead, CA 91770  
FAX 323-266-2453  
EMAIL [cgonzalez@calma.org](mailto:cgonzalez@calma.org)**

Telephone: (323) 266-2455  
[www.calma.org](http://www.calma.org) [www.calmala.org](http://www.calmala.org)



## 2009 JUAN VILLAGOMEZ, M.D./CaLMA SCHOLARSHIP PROGRAM APPLICATION

Please type or print clearly in black ink. Please answer all questions as indicated. Do not use abbreviations or acronyms, spell out all words and names. Illegible or incomplete information will disqualify your application.

- 1) (Please Check One) Male  Female       2) Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 3) Name First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_
- 4) Current Mailing Address Number & Street \_\_\_\_\_ Apt# \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ - \_\_\_\_\_ (above address valid until what date? \_\_\_\_/\_\_\_\_/\_\_\_\_)
- 5) Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      6) E-mail Address \_\_\_\_\_
- 7) Permanent Address, if different      Number & Street \_\_\_\_\_ Apt# \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ - \_\_\_\_\_ Permanent Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- 8) Date of Birth, in numbers      Month \_\_\_\_ Year \_\_\_\_
- 9) Are you a United States Citizen? Yes  No  If not, are you a Permanent Resident? Yes  No
- 10) City, State, and Country of Birth \_\_\_\_\_
- 11) Hispanic Heritage (Applicants must be at least half Hispanic or native born)  
 Cuban       Caribbean (Hispanic)       Central American       South American  
 Puerto Rican       Mexican       Spanish       Other \_\_\_\_\_
- 12) Has either of your parents completed a college degree?      Yes  No
- 13) Please provide the following information regarding your academic career:

Graduate Medical School You are Entering or Currently Attending	Concentration	Year of Attendance	Expected Grad. Date
University or College Name	City		State
Grad Credits Earned To Date	Grad Cum. GPA (if applicable)		

Undergraduate College/University	Major	Final Cumulative GPA	Degree	Grad. or Transfer Date

Other Graduate College/University	Major	Final Cumulative GPA	Degree	Grad. or Transfer Date

- 14) **Number of Degrees You Have Earned:** AA (AS) \_\_\_\_\_ BA (BS) \_\_\_\_\_ Master's \_\_\_\_\_ Ph.D. \_\_\_\_\_
- 15) **Current Employer** \_\_\_\_\_ **Position** \_\_\_\_\_ **Not Employed** \_\_\_\_\_
- 16) **Will you receive tuition benefits from your employer for the 2009-2010 academic year?** Yes  No   
**If yes, the amount of tuition benefits you expect to receive** \_\_\_\_\_
- 17) **Your Marital Status:** Single Parent  Single  Married  Divorced  Widowed   
**If married, spouse's occupation** \_\_\_\_\_
- 18) **Number of Children/people you support 50% or more** \_\_\_\_\_ (not including spouse or yourself)
- 19) **Father's full name** \_\_\_\_\_ **Occupation** \_\_\_\_\_  
**Mother's maiden name** \_\_\_\_\_ **Occupation** \_\_\_\_\_
- 20) **Do you live with your parents or do your parents provide at least half of your support?** Yes  No
- 21) **What will be your tuition costs (include only tuition) for 2009-2010?** \_\_\_\_\_
- 22) **INCOME STATEMENT – Do not leave line blank, enter zero <0> if no income was received in that category**

**2008 Annual Income**

**2009-2010 Academic Year Income (estimate)**

Student's Gross Annual Income	\$ _____	2002-2003 Expected Student Salary	\$ _____
Spouse's Gross Annual Income	\$ _____	2002-2003 Spousal Income	\$ _____
Social Security of Disability	\$ _____	Veteran Benefits	\$ _____
General Assistance	\$ _____	JPTA of PIC Benefits	\$ _____
Child Support, Alimony	\$ _____	Student Loans	\$ _____
Personal Loans, Gifts, etc.	\$ _____	Assistantship/Fellowships/Scholarships	\$ _____
Savings/Investment	\$ _____	College Work Study	\$ _____
Other Income (specify source)	\$ _____	Employer-Funded Tuition Assistance	\$ _____
		Other Grants	\$ _____
<b>TOTAL 2008 GROSS INCOME</b>	<b>\$ _____</b>	<b>TOTAL PROJECTED INCOME 2009-2010</b>	<b>\$ _____</b>

- 23) **Extraordinary, unforeseen, or very unusual expenses (please explain and provide dates)**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 24) **Has your household had significant income change in the last year? ( please explain)**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 25) **If total income is less than \$ 6,000.00 per year please specify, with amounts, the income which allows you to live day-to-day**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**LEAVE BLANK – for internal CaLMA use only**

A

D

H

# In Family \_\_\_\_\_

MS Year 1 2 3 4

Cum. Total \_\_\_\_\_

Essay Points \_\_\_\_\_

**COMMUNITY SERVICE SUMMARY**

Organization	Activity	Dates Participated	Est. Monthly Time Commitment

*Please attach a separate sheet if additional space is needed.*

**SURVEY QUESTION**

**How did you originally learn about this scholarship?** (Please check all that apply):

<input type="checkbox"/> CaLMA	<input type="checkbox"/> Counselor Name _____	<input type="checkbox"/> Professor Name _____
<input type="checkbox"/> LMSA	<input type="checkbox"/> Career Center	<input type="checkbox"/> Other Specify _____
<input type="checkbox"/> Internet/Homepage	<input type="checkbox"/> Magazine/newspaper	<input type="checkbox"/> College/University Newsletter

**NOTIFICATION OF SELECTION**

- Notification of scholarship awards will be via email and/or phone call by March 23, 2009. PLEASE provide an active mobile number where you may be reached. Report any address or other contact changes to the Villagomez Scholarship Fund by calling (323) 266-2455 or by emailing [wquevara@calma.org](mailto:wquevara@calma.org).
- Falsification of information is grounds for disqualification from the application process and for termination of any scholarship granted.
- Awardees will receive their award in Los Angeles on March 28, 2009, location TBD.

**CERTIFICATION:** Student must read and sign below to be eligible for consideration.

- I certify that all the information provided is **complete and accurate** to the best of my knowledge.
- I certify that I will be enrolled as a **student in a California Accredited Medical Program** for the 2009-2010 academic year.
- I certify that I am **at least half Hispanic, natural born** and that **I am a U.S. Citizen of Permanent Resident**.
- I authorize the scholarship grantors for **share or publish, my GPA, and application information**, when necessary and to share this information for the purpose of recruitment, public relations, possible employment or any other related activity.
- I am aware that any scholarship check I may receive from the scholarship grantors should be **cashd or deposited within sixty days**; any funds not cashd or deposited will revert back to the scholarship grantors.
- **I understand that I must notify the scholarship grantors of any changes in my enrollment status.**
- I hereby acknowledge that it is my responsibility to keep the scholarship grantors informed of **any address changes**.
- I understand that application materials become the property of scholarship grantors and **cannot be returned**.
- I hereby certify that I have this application and Certification and **accept all conditions specified**.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Thank you for applying to the CaLMA – Juan Villagomez, M.D. Memorial Scholarship program. Buena Suerte!!*