



Buckfire & Buckfire, P.C.

2015 MEDICAL SCHOOL DIVERSITY SCHOLARSHIP

ELIGIBILITY

Applicants must meet the following criteria:

- Recipient is a member of an ethnic, racial, or other minority, or any individual who demonstrates a defined commitment to issues of diversity within their academic career.
- Recipient is a U.S. citizen currently attending an accredited medical school within the United States.
- Academic achievement as reflected by a minimum 3.0 GPA and have completed at least one semester of classes at an accredited medical school.

REQUIREMENTS

Applicants must submit by **May 31, 2015**:

- A completed Scholarship Application Form.
- One-page typed essay describing how you will utilize your medical degree to promote ethnic diversity.
- A certified, official copy of medical school transcript.

The award recipient shall provide the following documentation to obtain the scholarship:

- Proof of Legal Residency in U.S. (i.e. birth certificate, passport, permanent resident card, etc.)
- The Buckfire & Buckfire, P.C. scholarship is to be used exclusively for medical school tuition and related expenses. A check for \$2,000.00 will be made payable to the award recipient's medical school to cover these expenses and he or she is expected to submit receipts in accordance with IRS regulations.

AWARD

The Buckfire & Buckfire, P.C. award recipient will be notified of the selection on or about **July 1, 2015**.

DEADLINE

Completed applications must be submitted no later than **May 31, 2015**. Application materials should be mailed to the address below.

Buckfire & Buckfire, P.C.
Attn: Medical Scholarship
25800 Northwestern Hwy, Ste. 890
Southfield, MI 48075

For more information, visit the [Buckfire & Buckfire, P.C.](#) website.

MEDICAL SCHOOL DIVERSITY SCHOLARSHIP

APPLICATION FORM

STUDENT INFORMATION

Name: _____
Last First MI

Are you a U.S. citizen or otherwise authorized to work or attend school in the United States? ____ Yes ____ No

Medical School currently attending: _____

of Completed Med School Semesters _____ Expected Graduation Month/Year _____

Present mailing address: _____
Street Apt. #

City State Zip Code

Telephone #: _____
Home Cell

E-mail: _____

Gender: *(optional)* ____ Female ____ Male

Ethnicity: *(optional)* ____ American Indian/ Alaska Native ____ Asian
____ Hispanic ____ Black/ African American
____ Native Hawaiian/Pacific Islander ____ Two or more races
____ White ____ Other ____ LGBT

ACADEMIC INFORMATION

College, university and/or professional school	Address	Dates	Degree and date of graduation	Major

Describe how you contribute to the diversity of your medical school student body:

Highlight honors or awards that you have received:

Is there any other relevant information you want us to consider when reviewing your application?

Please tell us how you learned about our scholarship program:

ESSAY

Please submit a one-page typed essay, describing what efforts you have engaged in to promote greater ethnic or racial diversity within your medical school or undergraduate program.

CERTIFICATION

I hereby certify that the information I have provided on this Application Form and in any attached materials is true and complete.

Applicant Signature

Date

Return completed application and requisite materials by May 31, 2015 to:

**Buckfire & Buckfire, P.C.
Attn: Medical Scholarship
25800 Northwestern Hwy, Ste. 890
Southfield, MI 48075**

***Note:** This application and supporting material must be received by **May 31st**. Notification of the scholarship award decision will be made by **July 1st**.*