



**BUCKFIRE**  
LAW FIRM

**Buckfire & Buckfire, P.C. 2019 Medical  
School Diversity Scholarship Application**

**STUDENT INFORMATION**

Name: \_\_\_\_\_  
Last First MI

Medical school currently attending: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Student ID: \_\_\_\_\_

Expected Graduation Month/Year: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_  
Street Apt #

\_\_\_\_\_ City State Zip Code

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

*(optional)* Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

*(optional)* Ethnicity: \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Hispanic \_\_\_\_\_ Black/African American

\_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Two or more races

\_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_ LGBT



### **ESSAY**

Please submit a one-page typed essay describing how you have utilized your time promoting ethnic diversity within your community. Alternatively, you may write about how you will use your medical degree to promote ethnic diversity.

### **DOCUMENTATION**

Please submit an **official transcript** including your most recent semester at an accredited medical school within the United States.

### **CERTIFICATION**

I hereby certify that the information I have provided on this application form and in any attached materials is true and complete to the best of my knowledge.

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Applicant Signature

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Date

**Return Completed Application and requisite materials by April 1, 2019 to:**

**Buckfire & Buckfire, P.C.  
Attn: Medical School Diversity Scholarship  
29000 Inkster Road, Suite 150  
Southfield, MI 48034**

***Note: This application and supporting material must be post marked by **April 1, 2019**. The recipient of the scholarship award will be notified on **June 1, 2019**.***