



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.

Applicant Signature

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 **October 1, 2019**. The recipient of the scholarship award will be notified on **November 1, 2019**.