

# CEDARS-SINAI MEDICAL CENTER DIVERSITY EQUITY AND INCLUSION PROGRAM

## ARTHUR JOHNSON, MD VISITING CLERKSHIP SCHOLARSHIP

### APPLICATION 2023-2024

Applicants must be confirmed to a rotation at Cedars-Sinai before submitting this application.

**Note:** The Diversity Equity and Inclusion Program stipend award is available to 20 qualified fourth-year students completing rotations at Cedars-Sinai between June and December 2023. It will be paid in two installments (before and during the rotation).

#### PERSONAL INFORMATION

Last Name		First Name		Middle Name
Primary Phone Number			Primary E-Mail Address	
Mailing Address (Including state and zip code)				
Name of Medical School				
USMLE/COMLEX Step/Level 1 <input type="checkbox"/> passed <input type="checkbox"/> failed <input type="checkbox"/> have not yet taken			Anticipated Date of Graduation	
<b>CLERKSHIP ENROLLMENT</b>			<b>ROTATION PERIOD</b>	
Sponsoring Department			Start _____	
Name of Rotation			End _____	
<b>GENDER IDENTITY</b>			<b>RACE/ETHNICITY</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Gender Variant/Non-Conforming <input type="checkbox"/> Genderqueer or nonbinary <input type="checkbox"/> Agender <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to respond			<b><i>Choose all that apply</i></b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> I do not wish to respond	

PARENT/GUARDIAN 1 - EDUCATION	PARENT/GUARDIAN 2 - EDUCATION
<input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Unknown	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Unknown

Please tell us about the challenges or barriers you have faced in reaching this point in your career in medicine (e.g. socioeconomic, language, educational, disabilities)

Briefly describe your career goals (200 words max)

**Signature:**

**Date:**



**Medical Education**

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