



HENRY J.N. TAUB  
DEPARTMENT OF  
EMERGENCY  
MEDICINE

## URiM Visiting Student Scholarship Scholarship Application

Please complete this form, attach your letter of intent, CV, and medical school transcript and send to the J.N. Taub Emergency Medicine Department via email at [ljperry@bcm.edu](mailto:ljperry@bcm.edu). Please note: A VSLO/VSAS completed application is required through the institution, please see link on our website.

Name:  
Last:\_\_\_\_\_First:\_\_\_\_\_MI:\_\_\_\_\_

Preferred Name\_\_\_\_\_

Email Address\_\_\_\_\_

Gender\_\_\_\_\_Race\_\_\_\_\_Ethnicity\_\_\_\_\_

Medical School\_\_\_\_\_

Expected date of graduation from Medical School\_\_\_\_\_

Contact Information:

Mailing address\_\_\_\_\_

Permanent address (if different from mailing address)

\_\_\_\_\_

Home Phone\_\_\_\_\_Mobile Phone\_\_\_\_\_

Emergency contact name and phone number:

\_\_\_\_\_

Applicant Signature\_\_\_\_\_

Date of Application\_\_\_\_\_