

Women in Medicine Student Scholarship Guidelines

Women in Medicine is committed to sharing its supportive atmosphere, nurturing community, and educational resources with all lesbian medical students. To that end, WIM offers a reduced (subsidized) registration fee to medical students. It also offers scholarship funds on a first-come, first-serve basis to medical students who express need.

1. No student requesting scholarship funds will be denied assistance. However, scholarship size will vary dependent on financial need, timing of application, and availability of funds.
2. Students are required to request financial assistance from their respective medical schools and, if possible, other local LGBT organizations.
3. The \$50 registration fee for students is non-negotiable.
4. Scholarship monies will be made available to offset travel, lodging, and food expenses of the student *only*. (Scholarship monies for children and significant others are available through an alternate fund.)
5. Each year, all but \$1000 of the available scholarship money will be divided equitably amongst those who apply *at least two months* before the conference date.
6. *Within two months* of the conference, \$500 (plus any additional monies collected) will be divided amongst late applicants, protecting the remaining \$500 for the following year's scholarship needs.
7. If additional monies are needed to cover the scholarship needs of students, requests will be sent out to the WIM membership for additional scholarship donations. These funds will be divided per numbers 5 and 6 above.
8. Unbiased dispersal of scholarship monies will be ensured and overseen by the Chair of the Student and Resident Outreach Committee.

PLEASE NOTE:

WIM will handle ALL hotel reservations for scholarship recipients.
Students should NOT contact the hotel directly, lest duplication result.

WIM Medical Student Scholarship Application

General Information

Please Print or Type

Name: _____

Address: _____

Telephone: _____

E-mail: _____

School: _____

Arrival Date: _____ Departure Date: _____

I am in need of assistance for: travel lodging food (check all that apply)

My current household savings totals: <\$1000 \$1000-\$5000 >\$5000

My projected household income (including living expense loans) for this year totals:

<\$10K 11-25K 26-40K >40K

I am responsible for ____ (#) dependents.

Additional Funding Sources

I have contacted my school and they have agreed to provide me
\$_____ towards attendance of this conference.

I have not requested funds from my school.
Reason: _____

I have contacted local LGBT groups and they have agreed to provide
me \$_____ towards attendance of this conference.

I have not requested funds from local LGBT groups.
Reason: _____

Other: _____

I attest that the above information contained in this application is true.

Signed _____ Date _____

Return to:

And remember: Please don't contact the hotel. WIM will take care of this for you!

e-mail to womeninmed@earthlink.net
Or mail to Women in Medicine, PO Box 107, Colchester, VT 05446

All information will be held in strict confidence.