

LOYOLA ORTHOPAEDIC SURGERY DEI SCHOLARSHIP

I acknowledge that this scholarship is for academic year 2025-26 for an away rotation at Loyola University Stritch School of Medicine Department of Orthopaedics and Rehabilitation summer/fall 2025

I have read and understand the above statement

Name: _____

Email: _____

DOB (MM/DD/YYYY): _____

Mailing Address: _____

Telephone Number: _____

Medical School: _____

Application checklist (documents to be emailed directly to Lucy.Salgado@luhs.org)

Unofficial Transcript

Current CV

One Letter of Recommendation

Personal Statement

Please address the following in your Personal Statement:

1. What does diversity mean to you?
2. Your specific interest in this Sub-Internship Opportunity
3. How would you plan to use the potential scholarship if awarded (lodging, travel, etc)?