

Thomas Sage Hand Scholarship

Latino Medical Student Association (LMSA) University of California, Irvine - School of Medicine

> Application Form Deadline: March 27th, 2022 at 11:59 PM

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Thomas (Tommy) Sage Hand, a UCI PRIME-LC medical student, was an example to many. His will and dedication to others, especially underserved communities, inspired others to advance the health of those in need. Despite not having been born Latino, his primary goal was to advance the health of Latino/a communities; he served as an Spanish-language HIV/AIDS educator, he taught English to immigrant children in Pomona, he worked as a social worker in New York's Spanish Harlem and once in medical school, he served as a Spanish translator for Flying Samaritans in Mexico and established the first UCI chapter for Physicians for Human Rights, an organization dedicated to promoting universal health and combating human right abuses on a global level. He was also an enthusiastic member of LMSA, where he held multiple board positions.

Unfortunately, Tommy left us well before his time. With his passing we not only lost a great friend, but a future filled with his work in social justice, human rights, and patient care. Tommy left big shoes to fill in these areas, but through this scholarship we hope to continue Tommy's legacy. Just as Tommy inspired the UC Irvine School of Medicine students, faculty and staff we hope that he will continue to inspire, motivate, and live within the great work the recipients of this scholarship will accomplish.

ELIGIBILITY

- Applicants must have *a serious commitment to pursuing a career in medicine* (whether allopathic or osteopathic) and demonstrate dedication to serving underserved communities.
- Applicants should demonstrate a desire to advance the state of healthcare and education in Latino and underserved communities through <u>leadership</u> in extracurricular activities and/or membership in civic organizations that promote healthcare advocacy, human rights or social justice. A 3month minimum participation is recommended.
- Strong consideration will be placed upon financial need.
- Students are eligible to receive the scholarship regardless of citizenship status.
- Students in their junior year of undergraduate study or higher or pursuing post-baccalaureate studies are encouraged to apply.
- If you are not currently enrolled in classes, please provide a statement of what you are involved in (work, research, volunteering) with your time commitment and include a reference for each. Please include employer name, title, email, phone number for verification.
- A minimum of 3.0 GPA is required, though lower GPAs will be considered with a written explanation.

REQUIREMENTS

- COMPLETED APPLICATION: Application must be typed and shall not exceed the space or word limit provided. Signature page must be signed and either submitted by e-mail or scanned as PDF document and emailed. The page for extracurricular activities may be spaced differently to fit the applicant's activities but may not exceed ONE page. Resumes are **not** acceptable. The signature page *must be received by* March 27th at 11:59 PM and should include the following:
- PERSONAL STATEMENT & SHORT ANSWER QUESTIONS: A one-page personal statement (500 words max) describing your work in *healthcare advocacy, human rights, or social justice* as well as two short answer questions (100 words max) are required. Your written application is one of the most important selection criteria and is equivalent to an interview. Please do not send any materials not requested.
- TRANSCRIPT(S): Submit <u>full unofficial transcript(s)</u> from all institutions attended, except high school. Transcripts must show a <u>cumulative GPA and course work to date</u>. Transcripts may be submitted via email directly from the registrar's office. Official transcripts will be required later from all scholarship winners.
- FINANCIAL AID INFORMATION: Submit a complete copy of your 2021-2022 Student Aid Report (SAR), demonstrating the expected family and student contributions. If you did not apply or qualify for Financial Aid, please submit a statement indicating your expected expenses for one academic year, an explanation of why you did not apply for Financial Aid.

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- PROSPECTIVE SCHOLARSHIP BUDGET: Scholarship amounts range from \$500-\$1000. Please submit a budget or statement on how you will utilize this scholarship on your journey to a career in medicine.
- ENROLLMENT VERIFICATION: Please submit a letter from the registrar verifying enrollment at the
 institution you are currently attending for the 2021-2022 academic year. If you are not currently
 enrolled, please provide a statement of what you are involved in (work, research, volunteering) with
 your time commitment and include a reference for each. Please include name, title, email, phone
 number for verification.

DEADLINE

Applications must be submitted to <u>ucicochair1@lmsa.net</u> by March 27th at 11:59 PM.

Application requests, questions, and other inquiries should be emailed to <u>ucicochair1@lmsa.net</u>. Please title your email: <u>Thomas Sage Hand Scholarship</u>

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PERSONAL INFORMATION

Name (Last, First):

Address, City, State, Zip:

Email Address:

Cell phone: ()

Permanent Telephone: ()

Birth Date:

Birth Place (City, State, Country):

HIGH SCHOOL EDUCATION

 Name:
 Class:

 City:
 State:

UNDERGRADUATE / POST-BACCALAUREATE EDUCATION

College Name:				Dates Atter	nded:	
Major:				GPA:		
Degree and/or Career Focus: _						
Degree Expected:				Date:		
College Name:				Dates Atter	nded:	
Major:				GPA:		
Degree and/or Career Focus:						
Degree Expected:				Date:		
College Name:				Dates Atter	nded:	
Major:						
Degree and/or Career Focus:						
Degree Expected:				Date:		
Graduate Education						
Graduate School:				Dates Atter	nded:	
Area of Study:				Graduate Degree:		
Class Standing (Check One):						
4-Year College:	Junior	Senior	Super	Senior		
Post-baccalaureate:	First Year	Second Year	Third Y	/ear	Fourth Year	
Graduate School:	First Year	Second Year	Third Y	/ear	Fourth Year	

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PERSONAL STATEMENT

Please describe your involvement with healthcare advocacy, human rights or social justice. Talk about a specific organization that you are working with or a specific project that has challenged you to become a better advocate for underserved communities (500 words max).

SHORT ANSWER QUESTIONS

Please describe your future career goals (100 words max).

Please describe any financial challenges you and/or your immediate family have faced (100 words max).

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EXPERIENCE & ACHIEVEMENTS

Please list your extracurricular activities, employment or work experiences and awards/achievements (may be spaced differently to fit the applicant's activities but may not exceed ONE page).

MCAT ® / **TEST PREPARATION:** (Please complete as possible. Mark N/A for Not applicable. Students that have never taken the MCAT will also be considered for the scholarship)

1. I have taken the MCAT ®:	Yes	No	Number of times:				
If yes, state the date(s) (month, year):							
AMCAS ® <u>OR</u> AACOMAS ® REGISTRATION: (Please complete as Possible. Mark N/a for Not Applicable. Students that are n in the process of applying <u>will also</u> be considered for the scholarship)							
1. I have applied to Medical school using AMCAS®:	Yes	No	Number of times:				

not

2. If you have not applied, please provide the date/year you will be applying:

FAMILY / PERSONAL FINANCIAL STATEMENT

Please explain if you do not qualify for financial aid or specify any extraordinary, unforeseen, or very unusual expenses by submitting a statement indicating your expected expenses for one academic year, an explanation of why you did not apply for financial aid, and your need for this scholarship. You may include up to 200 words on the space below or a separate sheet of paper. This should be separate from your personal statement.

CERTIFICATION: Student must read and sign below to be eligible for consideration

I have read and understand the scholarship eligibility criteria. All of the information provided is complete and accurate to the best of my knowledge. By signing below, I am certifying that I am a student with the honest intentions of entering a professional medical career and possess the heartfelt desire towards serving the Latino and other underserved communities with their healthcare needs.

I also certify that I will apply this award toward expenses related to my undergraduate education at a fouryear university or post-baccalaureate program, or application to medical school. I authorize UCI LMSA to share or publish my application information when necessary and give permission to share this information for the purpose of recruitment, public relations, or possible fund raising. Application materials will become the property of the UCI-LMSA Committee and will not be returned. Please note that we require an actual signature, not a printed name.

Signature

Date

This scholarship is run by UCI LMSA, a non-profit student organization, in the name and memory of Thomas Sage Hand and the Hand family.

Please send complete and signed application with all necessary documentation **as early in the application period as possible.** Incomplete or late application materials will not be considered. **RECEIPT DEADLINE IS March 27th at 11:59 PM.**

You may submit this application with the following items via mail or e-mail:

- 1) Completed Application
- 2) Personal Statement
- 3) Unofficial transcript(s) from all institutions attended
- 4) Financial Aid Information
- 5) Scholarship Budget
- 6) Enrollment verification letter from 4-year University OR statement of activities with references
- 7) Signed Certification Page

EMAIL TO: <u>ucicochair1@lmsa.net</u>

SUBJECT: LMSA Thomas Sage Hand Scholarship- APPLICATION FOR "insert name here" ALL DOCUMENTS MUST BE E-MAILED AS A SINGLE ATTACHMENT THANK YOU FOR APPLYING FOR THE THOMAS SAGE HAND SCHOLARSHIP UCI-LMSA WISHES YOU SUCCESS!