

**University of Virginia School of Medicine**  
**Department of Dermatology**  
**Visiting 4th Year Medical Student Scholarship Supplemental Application**

Name: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Medical School: \_\_\_\_\_ Expected graduation date: \_\_\_\_\_  
Specialty interest within dermatology (optional): \_\_\_\_\_  
How did you hear about the program? \_\_\_\_\_

1) Please briefly describe how you would you contribute to an environment of diversity.

2) Please briefly describe why you want to rotate at the University of Virginia.

3) How will your participation in this program enhance your professional interests and further your career goals?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_