

Patient Care Foundation Medical Student Scholarship Packet

In order to improve patient access to care, treatment, and health education, the Patient Care Foundation of Los Angeles County supports the aspirations of medical students across LA County and promotes community service and mentorship by:



- ◆ Awarding scholarships to inner-city graduates to minimize the financial obstacles to attending medical school,
- ◆ Providing loan repayment funds to new physicians who practice in underserved areas of LA County,
- ◆ Working with Los Angeles County Medical Association (LACMA) members to encourage, inspire, and mentor a new cadre of community-based physicians poised to deliver high quality health care in areas with significant gaps in access and services.

Through its scholarship program, PCF works to provide medical school scholarships and stipends to alleviate the financial pressure of students who were raised in Los Angeles County, with the hope that they will return to serve their communities upon completing their residency. Over the past years, PCF has awarded over \$200,000 to deserving candidates, each scholarship ranging from \$1,000-\$6,000.

Awardees must commit to providing an annual update to the Patient Care Foundation about their progress in medical school.

Application Instructions

Please review application requirements and instructions below before beginning the application process to ensure you understand the various components necessary to complete your application.

In order to apply for the Patient Care Foundation Scholarship Award, you must meet all the following criteria:

- ◆ Have been raised in a medically-underserved area in Los Angeles County, as designated by the US HRSA, and
- ◆ Must be currently enrolled in and attending an accredited medical school in the United States.

To complete your personal application, you must submit the following:

- ◆ PCF Scholarship Application Form;
- ◆ A short essay detailing your experience growing up in a medically-underserved part of Los Angeles County, your community activities, your advocacy work and/or research and career goals. (12 pt font, double-spaced, two-page maximum); and

In addition, you will be required to submit additional supporting documents, which are listed in this packet.

Name: _____ Today's Date: _____

Permanent Street Address: _____ City: _____ State: _____ Zip: _____

Email Address:

Undergraduate Institution: _____ Grad Year: _____ Major: _____

Medical School: _____ Grad Year: _____

Three words that describe you:

Professional Goal for your Medical Career:

Personal Goal for your Medical Career:

Please go to <https://data.hrsa.gov/topics/health-workforce/shortage-areas> and identify your MUA

I swear that the above information is true and that the essays are my original work. I understand that all application materials become the property of the Patient Care Foundation. I understand that my eligibility will be checked before receiving approval and that I must be an enrolled medical school student in order to receive funds. If I am selected a winner, I give the Patient Care Foundation permission to use my name and photo in promotional materials to help promote the organization.

Signature Date

Supporting Documents

To complete your application, you must submit the following supporting documents:

- ◆ **Curriculum Vitae/Resume**
- ◆ **Official (current) Medical School Transcript **OR** Verification of Medical School Enrollment**
- ◆ **Two (2) Letters of Recommendation attesting to your community commitment and leadership.**
 - * Recommendation letters should be sent from a community leader, supervisor, a dean, faculty member or school administrative officer.
 - * When choosing a recommender, it is advisable to choose someone who knows you and your work well, and can attest to your community commitment and leadership.
- ◆ **Documentation of Financial Need** (three sets of documents required):
 - A. Documentation of Loan History (current and undergraduate) from the National Student Loan Data System & any other record of educational loans received. Please visit: https://nsldsfp.ed.gov/nslds_FAP/ to access your records
 - B. Applicant's Tax Return (or W2, 1099 or verification of other income if not filing)
OR
Parents' Tax Return (or W2, 1099 or verification of other income if not filing), applicable to dependent students only (see application form for more details)
 - C. Financial Aid Transcript
OR
Official Letter of Financial Aid Award Offer

All application components, including application form, personal essay, supporting documents, and recommendation letters must be sent to [Lisa Le at lisa@lacmanet.org](mailto:lisa@lacmanet.org)

Subject line should read: [2024 PCF Scholarship Application for \[Insert full name\]](#)

11:59pm PST on Friday, September 27th

Your application is not complete until we have received all application components.

Recommender Information

To The Recommender:

The Patient Care Foundation is specifically designed to improve patient access to care and treatment by supporting medical students and encouraging service to their communities. Its principal focus will be on fundraising for medical school scholarships and stipends to alleviate the financial pressures of students who grew up in Los Angeles County—with the hope that they will return to serve their communities upon completing their residency programs.

The Patient Care Foundation is interested in your professional assessment of the candidate. It is important for us to learn both the candidate's strengths and weaknesses. Specific examples related to your experience with the student are more useful than generalizations. In your letter, please include how long and in what capacity you have known the candidate. We strongly recommend that you submit your letter well in advance of the deadline to ensure that the application can be deemed complete and eligible by the application deadline.

In your assessment, please specifically address the following points:

- the candidate's capacity for leadership;
- the candidate's commitment to working with underserved populations;
- any other characteristics that make this candidate unique in terms of leadership, abilities, and other involvement.

Recommendations must be signed and e-mailed directly from you, the recommender, as an attachment in Adobe PDF or Microsoft Word format to Lisa Le at lisa@lacmanet.org with: "Scholarship Application Recommendation - [applicant last name, first name]" in the subject line.

Also, please use this filename format for the recommendation document itself: "[applicant's last name, first name] from [recommender last name, first name]"

Please be sure the applicant's name is clearly stated in the letter, and that your complete contact information (address, phone number, e-mail address) is included.

All recommendations must be received by the application deadline of September 27, 2024 for scholarship consideration.

Frequently Asked Questions

ELIGIBILITY

- ◆ [Are students who grew up in other areas outside of Los Angeles County eligible?](#)
Although the criteria includes growing up in a designated medically-underserved area within Los Angeles County, consideration can be given to those students who grew up outside of Los Angeles County.
- ◆ [Am I eligible to apply for a scholarship if I attend an international US-accredited medical school?](#)
No, you must attend an accredited medical school located in one of the 50 United States, the District of Columbia, or Puerto Rico, in order to be eligible.
- ◆ [I am enrolled in a dual-degree \[BA/MD, BS/MD\] program: am I eligible to apply for a scholarship?](#)
Yes, but you will not be eligible to apply for a scholarship until you are considered an enrolled medical student and are able to show an official transcript or other form of verification of enrollment.

RECOMMENDATION LETTERS

- ◆ [Whom should I ask to write letters of recommendation?](#)
Recommendation letters should be written by individuals who know your academic or professional career and, more importantly, your community service or leadership experience.
- ◆ [Can applicants submit more than the requested number of recommendations?](#)
Please submit only the requested number of recommendations. Additional letters will not be reviewed.
- ◆ [How will the letters of recommendations be submitted?](#)
Applicants will receive instructions on how to submit recommendation letters when completing their application. Applicants must send instructions to their recommenders, who will then email the letters of recommendation directly to Lisa Le at lisa@lacmanet.org.
- ◆ [What if my recommendation letters have not been submitted by the deadline? Will my application still be reviewed?](#)
It is the applicant's responsibility to follow-up with recommenders to assure they submit the letters by the application deadline.

FILING THE APPLICATION

- ◆ [Why does the Patient Care Foundation require detailed information from applicants?](#)
Without the benefit of large endowment funds, the Patient Care Foundation must annually raise funding for scholarships. The Patient Care Foundation receives more applications than what is available in funding scholarships. The review panel factors in all the applicant's information and responses.
- ◆ [Can I apply for a scholarship more than once?](#)
Yes, you can reapply for a scholarship as long as you meet all the program criteria. You must submit all the required information even if it was previously submitted with the first application. Preference may be given to first time applicants.

If there are additional questions, please direct them to Lisa Le
lisa@lacmanet.org or (213) 226-0304