



# C.V. Roman Memorial Scholarship Application

**Affirmation Statement:**

I, \_\_\_\_\_, have read and have met all the requirements published within the document entitled "Letter to Scholarship Applicants." I give permission for my institution to submit transcripts of my academic performance to C.V. Roman Medical Society to aid in the determination of scholarship recipients. I waive the right to access letters of recommendation written on my behalf. If selected as a C.V. Roman Scholar, I agree to use the scholarship funds for direct payment of academic expenses. I give permission for C.V. Roman Medical Society to publish and share, in whole or in part, portions of my essay with CVRMS members and the public (personal information beyond the name of the applicant, will be shared with anyone outside the scholarship committee and executive board). I affirm that this application, in its entirety, is an accurate representation of my academic and extracurricular performance.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Personal information**

<b>Full Legal Name</b>	_____		
(Print/Type)	Last Name	First Name	M.I.
<b>Permanent Residence</b>	_____		
	Street		
	_____		
	City	State	Zip Code
<b>School Address</b>	_____		
	Street		
	_____		
	City	State	Zip Code
<b>Home Telephone</b>	(_____) _____		
<b>E-mailAddress</b>	_____		
<b>Date of Birth</b>	_____		
	Month/Day/Year		



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(Check one) I am a  U.S. Citizen  U. S. National  U.S. Permanent Resident

Check one I am  African American/Black  Afro-Caribbean  African

(Check one)  I affirm that I am an active member of the SNMA chapter at my institution.

## **Education Information**

### **High School**

School Name City/State

### **College**

School Name City/State

### **Undergraduate**

#### **Major(s)**

#### **Undergraduate**

#### **Minor(s)**

#### **Degree Conferred**

#### **(Circle One)**

Bachelor of Arts Bachelor of Science Year conferred \_\_\_\_\_

#### **Graduate School**

Name City/State

**Degree Conferred** \_\_\_\_\_

**Medical school**  UNTHSC-TCOM  UTSW  TCU Expected graduation date: \_\_\_\_\_

## **Application Questions: (All questions can be answered on a separate sheet if necessary)**

Organizations and Activities (please include leadership roles where applicable)

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Applicant last name \_\_\_\_\_



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Community service activities in which you have been involved in the past 4-5 years or since the completion of high school.

<i>Activity</i>	<i>Role</i>	<i>Dates</i>
_____		
_____		
_____		
_____		

Part-time or full-time jobs you have held since during undergraduate years to present day.

<i>Employer</i>	<i>Position</i>	<i>Dates</i>
_____		
_____		
_____		
_____		

Research presentations/interests, speaking engagements, or abstracts/publications

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Academic honors, Personal accolades, and Awards

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Describe your involvement with the Student National Medical Association (SNMA), Minority Association of Pre-Medical Students (MAPS) chapters—or similar health professions organizations, if your school did not have a MAPS chapter—in your undergraduate and graduate career. Include leadership roles.

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Describe your personal and career goals over the next 5-10 years.

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Provide any additional information, personal or professional, that you wish to share with the scholarship committee in consideration of your application. This should include, but is not limited to description of financial hardships, extenuating personal circumstances, and budgetary concerns. This information will be shared only with the scholarship committee and CVRMS executive board.

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Provide the names and contact information of the people writing your letters of recommendation (Two are required).

<i>Name</i>	<i>email</i>	<i>phone number</i>
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**Essay:** Please submit a 750-word essay on the following topic:

There is currently a health care crisis in America that has recently come into sharper focus. Only 2% of American doctors are Black men. In 2014, there were fewer Black men applying to medical school than back in 1978.

Please discuss the causative/contributing factors behind these statistics, the consequences of this problem, and what role you see for yourself in helping to reverse this disturbing trend.

Please submit completed application, essay, professional headshot photograph, and documentation of SNMA membership via mail in a single envelope to **C.V. Roman Medical Society, P.O. Box 322, Keller, TX 76244**. Letters of recommendation may be emailed to [nmadfwscholarship@gmail.com](mailto:nmadfwscholarship@gmail.com) or via this address *directly* from the writer with the applicant's name in the subject line, as a PDF attachment; or included in the general mailing in a sealed and signed envelope. All letters submitted by email will be confirmed with the writer. All documents must be postmarked *no later than December 17, 2021*. See "Letter to Scholarship Applicant" for additional details. No applications or portions thereof will be accepted after the deadline. It is the



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sole responsibility of the applicant to ensure that all portions of the application are received by the deadline, and incomplete applications will not be considered.

Applicant last name \_\_\_\_\_