

**Highland Hospital  
Department of Emergency Medicine/  
Andrew Levitt Center for Social Emergency Medicine  
Visiting Elective Scholarship Program (VESP)**

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**Application for the Highland Hospital Emergency Medicine VESP**

**Please submit the following materials:**

- Completed VESP application (see next page)  
Leadership and Research Experience  
Background  
Personal Statement
  
- Completed VSAS (Visiting Student Application Service) application to the  
Highland Hospital Emergency Medicine Clerkship EM: 140.40, including all  
requirements as detailed in the application.

**Submit all VESP application materials by mail or email to:**

**Highland Hospital Emergency Medicine Visiting Elective Scholarship Program  
Dr. Caitlin Bailey  
c/o Idella Watts  
Email: [iwatts@alamedahealthsystem.org](mailto:iwatts@alamedahealthsystem.org)**

Highland Hospital  
Department of Emergency Medicine  
1411 East 31<sup>st</sup> Street  
Oakland, CA 94602

For email please specify in the subject that this is the scholarship application.  
Thank you!

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**Highland Hospital Emergency Medicine/ Andrew Levitt Center for Social  
Emergency Medicine  
VESP APPLICATION FORM**

(To type your information on this page, use your mouse to go to the grey box on the form. Enter text, or use your mouse to click the appropriate check box.)

**The Applicant:**

<i>Last Name</i>	<i>First Name</i>	<i>Birth date</i>	
<i>Current address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Permanent address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Primary Email</i>		<i>Alternate Email</i>	
<i>Home Telephone</i>		<i>Mobile Phone</i>	

**Gender:**     Female     Male     Prefer to self-describe \_\_\_\_\_

**Your Current Medical School:**

**Do you have a disability?** (physical or mental impairment that substantially limits one or more major life activities)

\*Yes                       No                       Do not wish to provide

**\*If disabled, which of the following describes your disability(ies)?**

Hearing                       Mobility  
 Visual                       Other:

**Disadvantaged Background:**                       Yes     No

**IF YES**, please check category:

- Family with an annual income below established low-income thresholds (reference - <https://www2.ed.gov/about/offices/list/ope/trio/incomelevels.html>)
- Social, cultural, or educational environment such as that found in certain rural or inner- city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a medical career.

**First Generation in Family to Attend College:**  Yes  No

**Race/Ethnicity: What is your racial background? (OPTIONAL. Check all that apply.)**

**African American/Black**

- Native-born Black American
- African (origin in black racial group)
- Haitian
- West Indian

**Asian**

- |   |   |
|---|---|
| <input type="checkbox"/> Bangladeshi        | <input type="checkbox"/> Laotian              |
| <input type="checkbox"/> Burmese/Myanmarese | <input type="checkbox"/> Malaysian            |
| <input type="checkbox"/> Chinese            | <input type="checkbox"/> Nepali               |
| <input type="checkbox"/> Filipino           | <input type="checkbox"/> Pakistani            |
| <input type="checkbox"/> Indian             | <input type="checkbox"/> Sri Lankan           |
| <input type="checkbox"/> Indonesian         | <input type="checkbox"/> Thai                 |
| <input type="checkbox"/> Japanese           | <input type="checkbox"/> Vietnamese           |
| <input type="checkbox"/> Korean             | <input type="checkbox"/> Other Asian, specify |

Caucasian or White (of Europe, North Africa, or the Middle East)

**Hispanic/Latino**

- |   |  |
|---|--|
| <input type="checkbox"/> Central American | <input type="checkbox"/> Mexican                 |
| <input type="checkbox"/> Cuban            | <input type="checkbox"/> South American, specify |
| <input type="checkbox"/> Puerto Rican     | <input type="checkbox"/> Other Hispanic, specify |

**Native American**

- American Indian
- Native Alaskan
- Native Hawaiian

**Pacific Islander**

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Fijian       | <input type="checkbox"/> Polynesians                     |
| <input type="checkbox"/> Guamanian    | <input type="checkbox"/> Samoan                          |
| <input type="checkbox"/> Marshallese  | <input type="checkbox"/> Tahitian                        |
| <input type="checkbox"/> Melanesians  | <input type="checkbox"/> Tongan                          |
| <input type="checkbox"/> Micronesians | <input type="checkbox"/> Other Pacific Islander, specify |

Prefer not to self-describe

**Sexual Orientation: (OPTIONAL)**

Specify only if you choose to share this information. Not required.

**How did you learn about our program?**

- email from med school       through friends  
 email from SNMA       through mentors  
 email from LMSA       through VSAS  
 Other, specify

**Are you related to any employee, officer or board member of Highland Hospital or the Andrew Levitt Center for Social Emergency Medicine?:**  Yes  No

**If Yes, please describe the relationship:**

**1. Briefly explain how this scholarship will benefit you.  
(Please answer with only a few sentences)**

**2. Leadership or Research Experience or Publications**

List most important leadership and/or research experience and very briefly describe.

**3. Personal Statement**

**Applicant: Either cut and paste or type directly into the grey box below.  
(Not to exceed 500 words)**

Instructions: Please describe how your background has influenced the type of physician you want to be and the type of communities that you want to serve. Please also include any experience in working with diverse communities and future plans upon completing residency training.