

# UNC Medical Horizons Fellowship Undergraduate Application 2019-20



Let's go.

Title: UNC Medical Horizons Fellowship 2019-20

Deadline: 11/11/2019

Eligibility: Junior or senior pre-medical student with limited travel experience who demonstrate financial need. For full eligibility criteria, please check our website [here](#).

## CONTACT INFORMATION

First Name:

Last Name:

Permanent Home Address:

Address Line 2:

City:

State:

Zip:

Phone:

UNC Email:

Permanent Email:

UNC PID:

UNC Onyen:

## Affiliation

## Anticipated year of graduation

## Major

## Second Major

## Minor

## FINANCIAL NEED DETERMINATION

Financial need is a factor considered in the selection process. You must demonstrate financial need in one of the following ways. Please select the most appropriate options and provide supporting documentation, if applicable. **By answering this question, you are allowing us to verify your financial aid status with the Office of Scholarships and Student Aid.**

*NOTE: This award is only available for domestic students who are U.S. citizens or permanent residents. International students are not eligible.*

I have applied for financial aid and qualify for need-based financial aid at UNC.

I do not qualify for need-based aid, nor am I an international student.

Write and upload a brief (no more than one page) statement about your financial need and why this funding is required in order for you to complete a global opportunity. The more specific you can be, the better we will be able to understand your financial situation, so please include as many concrete details as possible.

### Financial Need Statement

Are you a designated Carolina Covenant student?

## PAST TRAVEL

Priority is given to applicants with limited or no past global experience (including international students or students born abroad who have limited or no travel experience outside of the U.S. or their country of origin). Please indicate the total time, **in days**, you have spent outside of the United States and your country of origin:

Please provide details for all the time you spent outside of the U.S. and/or your country of origin. If none, please leave blank. If you are unsure of the specific dates, please provide your best estimate.

	Dates ex: 02/2012-04/2012	Description of Travel Family Vacation	Location(s) Mexico City, Mexico
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have additional experience that does not fit above, or wish to further explain your past experience, please enter it here:



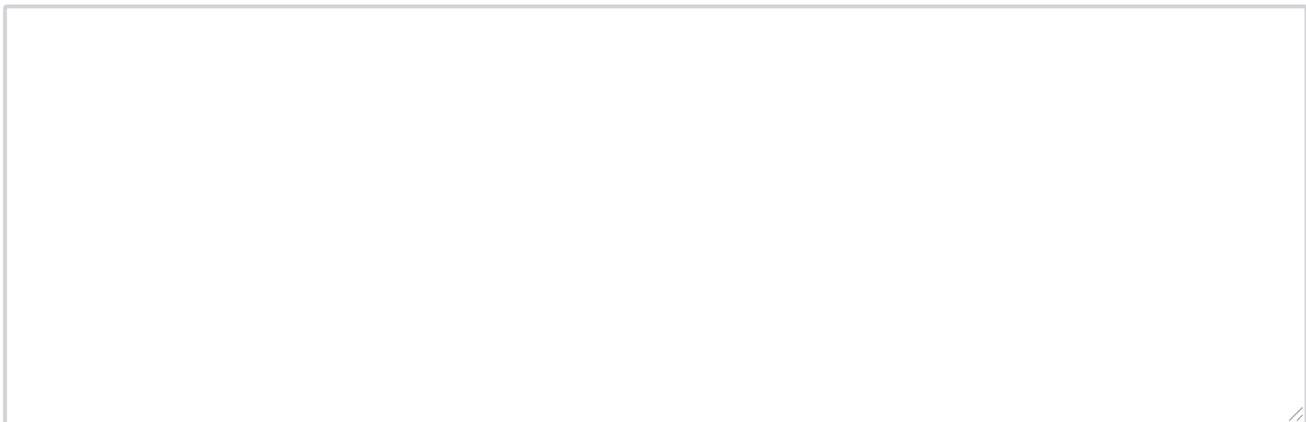
## SHORT ANSWER QUESTIONS

Please complete the questions below. These questions are an attempt to get to know you, your interests and your previous experience as they pertain to involvement in a summer program. **Please be concise; try to limit your answers to a few sentences.** Do not be discouraged if you do not have experience in some of these areas, we are looking for a fellow who will contribute to the medical student group in diverse ways (perspective, experience, discipline, etc.).

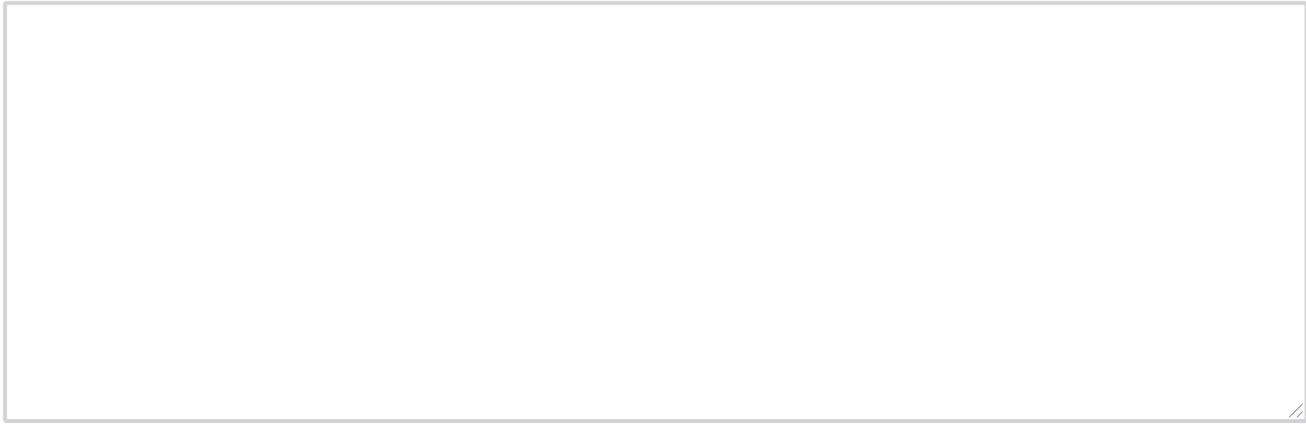
We recommend you write your answers on a separate document, then copy and paste them into the boxes. If you have questions at any time during the application process, please feel free to contact the program manager, Carolin Suedkamp.

### Diversity of Background & Perspective

Tell us your story! Please discuss the unique background, perspective and personal experience you will bring to this opportunity.

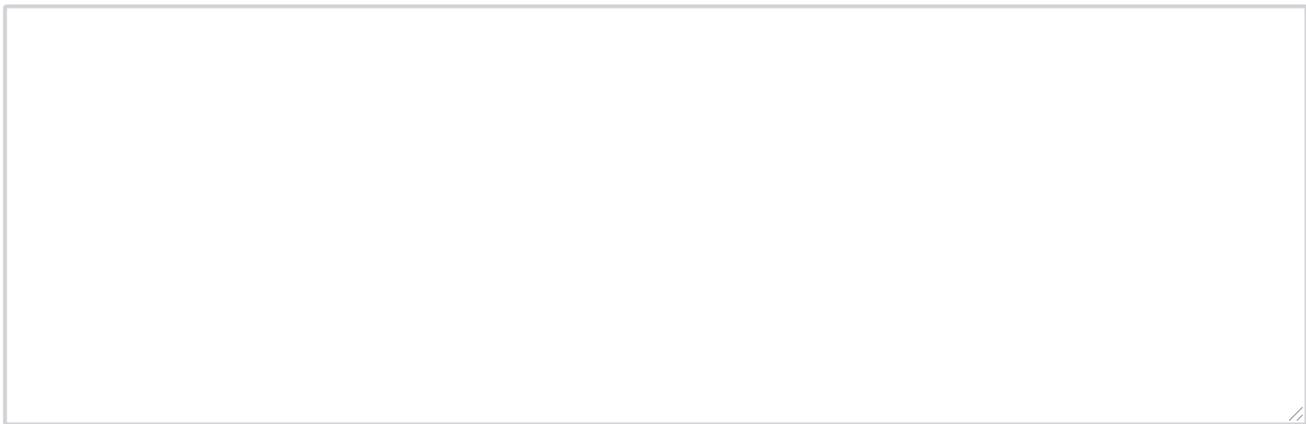


Describe any leadership or organizational experiences that you have had or times in which you have demonstrated individual initiative. This could be an experience at school, work or within your personal life.



### **Impact & Alignment with Academic & Career Goals**

What do you hope to put into/get out of your summer experience? Explain how this aligns with your academic and career goals.



### **Feasibility & Planning**

Participation in this project will require an investment of time apart from that which is required for school—especially this year, but with the hope and potential for longitudinal involvement as well. How do you feel about your ability to balance these activities in the face of competing demands on your time?



List your previous Spanish-speaking experiences, and briefly describe the level of communication with which you are currently comfortable. Also describe any cultural skills or experience that will help you communicate throughout the program.

### Additional Relevant Information

Is there anything else you would like to share with the review committee? (i.e. additional medical training or other relevant skills or experience)

## REFERENCE

No letter of recommendation is required for this application, but we ask that you provide the name and contact information of one individual who knows you well. The review committee may contact your reference if they have further questions about your application. This person may be a current faculty member, a mentor or a high school teacher who knows you well.

Reference Name

Reference Email

Reference Phone

For how long and in what way have you known the reference?

## HONOR CODE

By writing your full name below, the applicant hereby agrees to conform to the codes of conduct, both within and outside of the classroom environment, as stipulated in The University of North Carolina at Chapel Hill Honor Code, and as detailed in the Instrument of Student Judicial Governance. Additionally, the applicant hereby attests that all information provided is true and accurate to the best of the applicant's ability.

Name