The Under Represented Minority Scholarship Fund  
Touro College of Osteopathic Medicine

Introduction
TouroCOM’s mission to recruit qualified minority candidates for medical school is intensified by the overwhelming healthcare challenges and health disparities in communities around this country. The Under Represented Scholarship Fund provides financial assistance to students at Touro College of Osteopathic Medicine (TouroCOM) to enable them to pursue their academic and professional goals. The Fund was established by the Community Advisory Board of TouroCOM and Touro College and University System to recognize outstanding potential in those students who come from those underrepresented in the medical field.

This scholarship fund strives to exemplify and reflect the needs and goals of raising funds to help support these students.

Requirements
As defined by the Association of American Medical Colleges, this fund welcomes applications from candidates that are designated as an Underrepresented Minority (URM) in healthcare. Currently that consists of Blacks, Mexican-Americans, Native Americans (that is American Indians, Alaska Natives, and Native Hawaiians), mainland Puerto Ricans and individuals nominated by and approved by the TouroCOM Community Advisory Board and confirmed by Touro College Administration.

Applications will be reviewed by the URM Scholarship Fund Committee. Students will be informed by the committee regarding the decision made on their application.

Criteria
a. Students must be registered and fully matriculated; no part-time students may apply
b. All students must complete an application to the URM Fund and provide an expanded personal statement of 250-450 words. U.S. citizens and permanent residents must complete a Free Application for Federal Student Aid (FAFSA).
c. Students must show evidence of financial need. The standard award is based on the URM’s Fund yield for the prior calendar year and the number of applicants who qualify. The award is renewable based on continuing need. Students may reapply every academic year, as needed and if the student remains in good academic standing and meets the above criteria.
d. Continuing students must demonstrate acceptable academic standing by maintaining a 3.0 GPA. Entering students must demonstrate evidence of a GPA ≥ 3.0

e. All undergraduate transcript (s)
f. The filing of this application does not automatically grant any benefit through Touro College. Complete, sign and date the applications, make a copy for your files and submit the originals to:

Mail to: Ms. Toni Daniels, Associate Director of Financial Aid  
Touro College of Osteopathic Medicine and Pharmacy  
2090 Adam Clayton Powell Jr. Blvd. 5th fl. Room 519C
New York, NY 10027
The Under Represented Minority Scholarship Fund
Touro College of Osteopathic Medicine
Application Form

Name ____________________________________________

Address ____________________________________________________________________________

Phone _______________________ Email address _____________________________________________

Student ID _______________________ Date of Birth ________________________________

Current Student Status ___________________________________________________________

Year of Commencement of Studies at TouroCOM _________________

Year of Anticipated Graduation ________________________________

Personal Statement describing student's reason for applying for this scholarship, justification, and academic and career goals _____________________________________________________________

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_____________________________________________________________________________________

Signature of Student _______________________________________________________________

______________________________________________________________________________

Please print name __________________________ Date __________________
The Under Represented Minority Scholarship Fund
TouroCom

Committee Recommendation

Name of Student _________________________

Student ID number ________________________

Overall assessment

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Committee recommendation:    Approved ________________ Declined______________

If approved, Grant amount and terms: _______________________________________

Signatures

_______________________________________________________
Please print name

_______________________________________________________
Signature of Committee Chairperson

_______________________________________________________
Please print name

_______________________________________________________
Signature of Committee Chairperson

_______________________________________________________
Please print name