

URM SCHOLARSHIP CRITERIA CHECKLIST

Please check off **ALL** of the required information you have included/completed with your submission. **Include this form** with your URM application, and document submission.

- Completed URM Application
- Printed** name and Touro ID on Committee Recommendation form
- Touro Current Unofficial Transcript
- Personal Statement of 250 – 450 words
- Completed URM Criteria Checklist
- Completed FAFSA for the 2023/2024 academic year. **(The Financial Aid Department will print your FAFSA. You DO NOT have to collect it)**
- All undergraduate transcripts from **ALL** previously attended schools. **(we will copy transcripts submitted to Touro from your admissions folder)**

PLEASE DO NOT SUBMIT INCOMPLETE APPLICATIONS. WE WILL RETURN ALL INCOMPLETE APPLICATIONS TO THE SENDER

Print Name

Date

Signature



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 \geq 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 _____

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