

S.E.T.H. Scholarship Program

Selfless Engagement Through Humanitarianism

CerviCusco

Cusco, Peru

Application for the Scholarship Program

Full Name: _____

Preferred Name: _____

Birth Date: ____/____/____ Age: ____ Sex or Gender: ___ M ___ F Marital status: _____

Permanent Address: _____

Phone: _____ E-mail: _____

Medical School: _____

Academic Year: _____ GPA _____

Have you ever participated in a Global Health Program? yes _____ no _____

If yes, which program? _____

Please tell us why you want to participate in the CerviCusco Program (attach additional pages if needed):

What date(s) do you prefer to travel to CerviCusco? _____

Please attach the following documents:

1. A 500 word explanation of why you believe you are qualified to be selected as a S.E.T.H. Scholar.
2. Your CV
3. Two letters of recommendation: (Please note: Your references may be contacted for additional information.)
 - a. A personal letter of recommendation that is not from a relative
 - b. A professional letter of recommendation from a faculty member from your current school of medicine.