



# STUDENT NATIONAL MEDICAL ASSOCIATION

## TUFTS UNIVERSITY SCHOOL OF MEDICINE

### COLLEEN ROMAIN SCHOLARSHIP 2016 APPLICATION

The Student National Medical Association (SNMA) is the nation's oldest and largest student run organization dedicated to the needs of minority premedical and medical students. We are dedicated to raising awareness about minority issues, community service, supporting minority students through their education, and increasing the number of minority medical professionals. In an effort to help educate our communities, the Tufts chapter of the SNMA has established a scholarship fund to aid young students in obtaining their goals of higher education. We have named this fund after an individual whom we feel has dedicated her life to helping others to fulfill the goals that SNMA strives to achieve.

Ms. Colleen Romain is the Director for Multicultural Affairs and Student Programs at Tufts University School of Medicine. She has worked at Tufts for over 30 years and was the first African-American to hold such an administrative position at Tufts. Ms. Romain has made numerous contributions to the Tufts community. She established the first Minority High School Research Apprenticeship Program at Tufts University. In 30 years of service, she has seen over 750 minority students receive their medical degrees. In addition to her duties at Tufts University School of Medicine, she is active in many organizations, including the National Association of Minority Medical Educators, the Tufts University Cultural Diversity Committee, and the Association of American Medical Colleges (AAMC), of which she is a past chair of the Northeast Minority Affairs section. She continues to dedicate herself to improving the experiences of minority students seeking to become tomorrow's physicians.

#### **Eligibility Requirements**

Eligible students must be graduating, Massachusetts high school students belonging to one of the following ethnic groups: Black/African-American, Hispanic/Latino/Chicano, or Native American. Applicants must provide proof of acceptance at a college or university. Each applicant should demonstrate commitment to his/her community through participation in continued volunteer or service experiences. Additionally each applicant should show that he/she is striving for academic excellence. **There is no minimum GPA requirement** but your transcript or recommendation letters should reflect a dedication to academic excellence.

#### **Application Requirements**

- Completed Application Form
- 1 Letter of Recommendation from a teacher or guidance counselor who can address your academic efforts and/or accomplishments\*
- 1 Letter of Recommendation from someone you have worked with who can address your community involvement\*
- Official School Transcript\*
- A copy of your acceptance letter to a college or university.

**\* Please submit each one of these documents in a sealed envelope with an official signature or stamp across the seal.**

**Award:** minimum \$400 scholarship

Completed application **and** supporting materials must be postmarked on or before **August 12, 2016**.

Incomplete or late applications will **not** be reviewed. Questions can be directed to Marlene Jreaswec, Program Administrator, Office for Multicultural Affairs, at [marlene.jreaswec@tufts.edu](mailto:marlene.jreaswec@tufts.edu) or 617.636.0992.

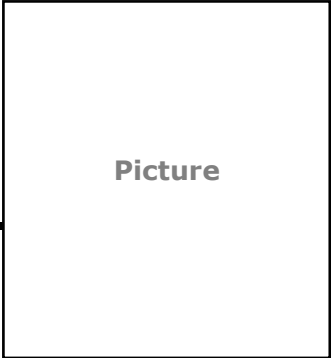
*Application and supporting materials should be sent to:*

Carol Sue Poindexter, Staff Assistant, Office of Student Affairs  
Tufts University School of Medicine  
136 Harrison Avenue, Boston, MA 02111  
Tel : 617.636.6534  
Fax: 617.636.0432  
[carol.poindexter@tufts.edu](mailto:carol.poindexter@tufts.edu)



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2016 APPLICATION



NAME: \_\_\_\_\_  
LAST FIRST MI

PLEASE TYPE OR PRINT RESPONSES IN BLACK INK.

PERSONAL INFORMATION

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP CODE RACE/ETHNICITY \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ H/ (\_\_\_\_) \_\_\_\_\_ C

EMAIL: \_\_\_\_\_ SEX:  MALE  FEMALE

SCHOOL: \_\_\_\_\_ PUBLIC/PRIVATE/PAROCHIAL/OTHER \_\_\_\_\_  
(CIRCLE WHICH BEST DESCRIBES YOUR SCHOOL)

GRADE/YEAR: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

GRADE POINT AVERAGE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

FAMILY INFORMATION

PARENT/GUARDIAN # 1: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
NAME & RELATIONSHIP

PARENT/GUARDIAN # 2: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
NAME & RELATIONSHIP

NUMBER OF PERSONS IN YOUR HOUSEHOLD: \_\_\_\_\_

SISTER  BROTHER AGE: \_\_\_\_ COLLEGE:  YES  NO IF YES, WHERE? \_\_\_\_\_

SISTER  BROTHER AGE: \_\_\_\_ COLLEGE:  YES  NO IF YES, WHERE? \_\_\_\_\_

SISTER  BROTHER AGE: \_\_\_\_ COLLEGE:  YES  NO IF YES, WHERE? \_\_\_\_\_

SISTER  BROTHER AGE: \_\_\_\_ COLLEGE:  YES  NO IF YES, WHERE? \_\_\_\_\_



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**ABOUT YOU: HELP US GET TO KNOW YOU BETTER! ATTACH ADDITIONAL PAGES IF NECESSARY**

LIST YOUR INTERESTS, HOBBIES, EXTRA-CURRICULAR ACTIVITIES, COMMUNITY SERVICE OR CHURCH INVOLVEMENT.

LIST ANY HONORS, PRIZES OR SCHOLARSHIPS YOU HAVE RECEIVED.

LIST ANY TUFTS UNIVERSITY/SNMA-AFFILIATED PROGRAMS IN WHICH YOU HAVE PARTICIPATED:

PLEASE DESCRIBE ANY HARDSHIPS THAT YOU OR YOUR FAMILY HAS FACED IN THE PAST YEAR:

HOW DID YOU FIND OUT ABOUT THIS SCHOLARSHIP?



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**ESSAY**

RESPOND TO THE FOLLOWING ESSAY PROMPT USING 500 WORDS OR LESS. **INSERT YOUR RESPONSE BELOW.**

HOW HAS YOUR COMMUNITY - INCLUDING YOUR CULTURAL/GLOBAL/ETHNIC COMMUNITY - INFLUENCED YOU AND YOUR ASPIRATIONS? HOW DO YOU HOPE TO USE YOUR EDUCATION TO AFFECT POSITIVE CHANGE IN OUR WORLD?

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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NAME: \_\_\_\_\_  
LAST FIRST MI

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**LETTERS OF RECOMMENDATION**

LIST THE INDIVIDUALS WHO WILL SUBMIT LETTERS OF RECOMMENDATION ON YOUR BEHALF:

1) NAME: \_\_\_\_\_  
LAST FIRST TITLE

RELATIONSHIP TO STUDENT \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

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2) NAME: \_\_\_\_\_  
LAST FIRST TITLE

RELATIONSHIP TO STUDENT \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_