

DAANA Grant Application

1) Full Name

2) DCMS Batch

3) Current Address/Phone numbers

4) AAMC ID number

5) Do you have financial support from family or friends residing in the USA?

If you answered yes then please provide some details.

6) Do you have financial support from outside the USA?

If you answered yes then please provide some details.

7) Are you currently in a financial deficit or have outstanding loans?

If so does this amount exceed beyond \$2,000?

Please provide some details:

8) Are you a current US citizen, permanent resident (green card holder) or a US visa holder?

9) Can you legally work in the United States?

10) Marital status

- a) Single
- b) Married to a US citizen/legal permanent resident who is employed
- c) Married to a US citizen/ legal permanent resident who is unemployed
- d) Married and spouse is not currently in the USA

11) Are you currently enrolled at DCMS as a student or any other post graduate educational program (i.e. MPH)?

12) Have you received any financial support/grants from DAANA, DCMS alums or any other organization over the past 12 months?

13) USMLE scores and attempts

	SCORE	Number of attempts
Step 1:		
Step 2 CK:		
Step 2 CS:		
Step 3		

___ I have not taken the USMLE yet

14) How was your overall performance at DCMS

- a) Below 55%
- b) Between 55-65%
- c) Between 65-70%
- d) Greater than 70%

15) Do you have USA clinical experience?

If yes then please provide details with location, dates and lead physicians you worked with. Also indicate if this was an observer-ship or clinical clerkship

16) Do you have research experience?

If yes then please provide details including location, department of research, dates and specify any publications.

17) Do you have any work experience?

18) Provide a personal statement/letter of intent describing how you will utilize the funds being granted. Address any efforts related to increasing chances of matching residency, future goals, and financial need. This should be a brief paragraph.

19) Provide two references from among DCMS alumni who can vouch for you regarding academic qualifications as well as financial need.

20) I hereby certify that the information provided by me is accurate and truthful.

Applicant signature

Date