Global Women’s Health Program Application

Due: August 30, 2013

Please email application to: lnathan@montefiore.org and akuamelissa@gmail.com

Name _______________________
Email _______________________
Ph No _______________________

1. Have you ever traveled to a developing country? If yes, please provide a short description of where you went and what you did.

2. What area of medicine do you think you will choose for residency and why?

3. Why do you want to participate in our program?

4. What are your career goals? ie, where do you see yourself in 5 years? 10 years?

5. How will our global women’s health program for medical students help you achieve your career goals?