PERSONAL STATEMENT

Explain in 200 words why you would like participate in a rotation at NYU Langone Orthopedic Hospital and please include a statement of financial need as part of this personal statement.
INSTRUCTIONS

Please send this application via fax or as an email attachment to:

Randie Godette at randie.godette@nyulangone.org

FAX: (212) 598-6581

PLEASE INCLUDE:

1. Applicant CV

2. A letter of support from an attending Orthopedic Surgeon

Note: Please read the Visiting Student section of the NYU School of Medicine website and fill out the elective application at https://med.nyu.edu/education/md-degree/registration-student-records/information-visiting-md-students in addition to this scholarship application. If you have any questions please email Randie Godette.

Send all letters and diversity applications for the Medical School elective to:

Randie Godette at randie.godette@nyulangone.org or
FAX: 212-598-6581

Letters should be addressed to:

Kenneth A. Egol, MD
Program Director
NYU Langone Orthopedic Hospital
301 E. 17th St.
New York, NY 10003