



Department of Orthopedic Surgery Diversity Scholarship Application

NAME

GENDER

DOB

SCHOOL

CLASS YEAR

STEP 1 SCORE

ETHNICITY

PERSONAL STATEMENT

Explain in 200 words (maximum) why you would like participate in a rotation at NYU Langone and please include a statement of financial need as part of this personal statement

INSTRUCTIONS

Please send this application as an email attachment to:

Randie Godette at Randie.godette@nyulangone.org

PLEASE INCLUDE:

1. Applicant CV
2. A letter of support from an attending Orthopedic Surgeon

Note: Please fill out our NYU Langone Orthopedic Hospital rotation application forms at <https://med.nyu.edu/education/md-degree/registration-student-records/information-visitingmd-students> in addition to this scholarship application.

Send all letters and diversity scholarship applications for the NYU Grossman School of Medicine's orthopedic elective to:

Randie Godette at randie.godette@nyulangone.org

Letters should be addressed to:

Mara Karamitopoulos, MD
NYU Langone Orthopedic Hospital
301 E. 17th Street, Suite 1402
New York, NY 10003