

**Wake Forest University School of Medicine
Scholarship Clerkship Program For
Visiting Medical Students**

Name: _____

SSN: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (_____) _____

Email: _____

Medical School: _____

Expected Grad Date: _____

Clerkship Interests:

1. _____

2. _____

Preferred Dates:

1. _____

2. _____

COMPLETE AND RETURN TO:

Wake Forest University School of Medicine
Scholarship Clerkship Program for Visiting Medical Students
Office of Student Affairs
Medical Center Boulevard
Winston-Salem, NC 27157-1037