



Trinity Health
Of New England

2025 URiM Application

Last Name:

First Name:

Medical School:

Expected Date of Graduation:

Email address:

Phone Number:

What city & state do you call home?

Gender: Male ☐ Female ☐ Non-binary ☐ Prefer not to answer ☐

Race/Ethnicity: *Check all that apply*

☐ African American ☐ Native American/Alaskan Native

☐ Native Hawaiian/Pacific Islander ☐ Latinx

How did you learn about St. Francis URiM VSLO program? *Check all that apply*

☐ St. Francis OBGYN Program Residency Website ☐ Email

☐ DEI Office/Representative ☐ Mentor/Faculty referral ☐ Peer Referral

☐ Other: _____

Please briefly share why you are interested in this experience at St. Francis OBGYN Residency Program.

Given your background and experience, how do they make you a good candidate for this program?

Additional Requirements:

1. Letter of recommendation from a faculty member
2. Recent photo
3. Curriculum Vitae
4. Official medical school transcript
5. USMLE Step 1 and Step 2 score if available
6. Personal statement: explain the basis for your interest in OBGYN (not to exceed one page, single-spaced, 12-point font, 1-inch margins)
7. If selected, you must also complete the VSLO application

The completed application should be sent to sgallagh@trinityhealthofne.org . Applications will not be considered if any of the above documents are not included and the requirements are not met. Due to limited availability, early submissions are encouraged. Final official acceptance is based on satisfying all URiM and VSLO application requirements.

For additional information and questions, contact sgallagh@trinityhealthofne.org