



ihelp foundation

Admissions Application

Medical Students

IHELP School of Clinical Medicine

admissions@ihelpfoundation.org

(818) 464-6268

Personal Information

Last Name	Date of Birth
First Name & Middle Initial	Phone Number
Street address	Email Address
Street address	Sex
City, State, Zip Code	Ethnicity

Any Misdemeanor Conviction?	Yes	No	Explain
Do you agree to a Background Check?	Yes	No	

Education

Undergraduate School	Medical School
Language(s)	SES Disadvantaged: Yes No
Any Institutional Action	Residence
Yes	No
Explain	

*Submit Medical School Transcripts

*Submit USMLE Scores

Previous Humanitarian Experience

Organization Name	Start - End Date
Supervisor Name	Supervisor Phone #
Position/Responsibilities	

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Supervisor Name	Supervisor Phone #
Position/Responsibilities	

Essay Questions

Personal Statement: Please describe your desire to practice medicine. 5400 characters max.

Explain your interest in the iHelp Foundation? The iHelp mission is to provide high-quality care and support to underserved communities by staffing and supporting our international hospitals and clinic partners. Why would you be a good fit for iHelp's mission? 1500 characters max.

What challenges have you faced in medical school? What did you do to overcome those challenges? 1500 character max.

What would you like to focus on this year as an iHelp student? What are you trying to improve about yourself? (ie. communication, clinical skills, knowledge, critical thinking) No character count.