



Digestive Disease Week 2024 DDW Diversity Travel Award Application

Click <u>here</u> for more information on the award.	uestions? Email <u>dei@asge.org</u>
First Name:	Last Name:
Medical School (currently attending U.S. accredited so	chool):
Phone:	Email Address:
What is your racial and ethnic identification? (Please	check all that apply)
American Indian or Alaska Native	Native Hawaiian/Pacific islander
Hispanic or Latino	White
Black/African American	Other
Middle Eastern/North African	
What is your gender? Man Woman Nonbinary	Prefer to self-describe as (please specify)f0 (ri) #\@ithdeh@asdje.wrig g items attached: