



Division for Diversity,  
Equity and Inclusion

# SEP Payment Method Form

Please print the following form and return the completed form in person or by mail to:

University of Arkansas for Medical Sciences  
Division for Diversity, Equity, and Inclusion  
RE: Academy Pre-Health Scholars Program  
4301 West Markham #625  
Little Rock, Arkansas 72205

## Payment Information

Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Payment Option (Choose one)

Money Order

Cashier Check

**The Division for Diversity, Equity, and Inclusion will NOT accept cash, personal or business checks as a form of payment for 2020 summer enrichment programs.**

**Please make payment payable to: UAMS**

**In memo line please put : DDEI APHS**

University of Arkansas for Medical Sciences  
Division for Diversity, Equity, and Inclusion  
4301 West Markham #625  
Little Rock, Arkansas 72205