

## RURAL MEDICAL SCHOLARS 2007

Thank you so much for your interest in the Rural Medical Scholars program. The following pages include the application and instructions for forwarding to your local sponsoring community college.

Before applying, please check that you meet the following eligibility requirements:

- During the summer of 2007, I will be between my junior and senior year of high school
- I have achieved a minimum composite ACT score of 25 and a 22 or greater in the math section
- My high school grades are in line with my ACT scores
- I am a Mississippi resident

*and*

- YES, I WANT TO LEARN ABOUT A CAREER AS A FAMILY MEDICINE PHYSICIAN!!!

*We look forward to reviewing your application and, hopefully, to having you join us this summer.*



14. Please write in your own words why you are interested in attending the Rural Medical Scholars Program. Your response to this question is very important in the selection process. If you need more room, use one additional page and attach it to your application.

#### ACCEPTANCE STATEMENT

Your tuition, textbook, housing, and a food allowance for the 6-week program will be paid for by the Mississippi Rural Health Corps. You must agree to attend for the full length of the program. The program will run from Monday, May 28 through Tuesday, July 3, 2007. The Scholars will be required to stay on campus the weekends of June 16 and 30; all other weekends you will be expected to return home. This is an academically challenging program that will require a serious effort on the part of the chosen Scholars. A \$40 program registration fee will be requested once you have been accepted into the Scholars program. If selected, I agree to these terms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

#### PARENTAL PERMISSION STATEMENT

I hereby grant permission for my son/daughter to apply for the Rural Medical Scholars program and for school officials to report my child's achievements and grades. I understand that if my son/daughter is accepted they will be required to attend the entire program from May 28 through July 3, including the weekends of June 16 and 30; all other weekends they will be expected to return home. I will be responsible for his/her transportation to and from Mississippi State at the beginning and end of the program as well as the non-required weekends.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

RURAL MEDICAL SCHOLARS SCHOOL RECOMMENDATION FORM

(INFORMATION FROM SCHOOL PERSONNEL ON STUDENT APPLYING FOR RURAL MEDICAL SCHOLARS PROGRAM. CONFIDENTIALITY WILL BE HONORED.)

1. Student Name: \_\_\_\_\_  
(first) (middle) (last)

2. School Name: \_\_\_\_\_ School District: \_\_\_\_\_

3. School Address: \_\_\_\_\_  
(Street or P.O. Box) (Town) (Zip code) (County)

4. **TEACHER: THIS INFORMATION IS CONFIDENTIAL.** Please state why you think this student would benefit from participating in the Rural Medical Scholars Program and what he or she would contribute to the other scholars. Comments should be made regarding the student's ability and potential for success as a student of medicine and, eventually, as a practicing physician. This is an academically challenging program that will require a serious effort on the part of the chosen scholars. Use the space provided, then sign at the bottom of the page. Upon completion, please forward the application to the guidance counselor.

\_\_\_\_\_  
Teacher's Signature\*

\_\_\_\_\_  
Date

\* This signature is required in order for the student to be considered by the selection committee.

5. Include any additional information here from other faculty members or school administrators that would assist the screening committee in making their selections.

ACADEMIC ENDORSEMENT

6. Attach a readable ***OFFICIAL*** transcript of this student's grades and ***ACT scores*** to this form.  
***THE TRANSCRIPT MUST INCLUDE FIRST SEMESTER OF THE STUDENT'S JUNIOR YEAR.***  
Please include any citizenship grades.

We have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the Rural Medical Scholars Program.

\_\_\_\_\_  
Counselor's Signature\*

\_\_\_\_\_  
Date

\* This signature is required in order for the student to be considered by the selection committee.

Community colleges, serving as your local sponsor, will begin the selection process for the Scholars program with applications received on or before March 16, 2007.

*For additional information, please call  
or e-mail your local community college contact:*

Ms. Patricia Furdge  
Coahoma Community College  
3240 Friars Point Rd.  
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662 621 4282  
[pfurdge@coahomacc.edu](mailto:pfurdge@coahomacc.edu)

Ms. Andrea Hughes  
Itawamba Community College  
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[ahughes@iccms.edu](mailto:ahughes@iccms.edu)

Ms. Jere Herrington  
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4975 HWY 51 N  
Drawer R  
Senatobia, MS 38668  
662 562 3222  
[jherrington@northwestms.edu](mailto:jherrington@northwestms.edu) or  
[kperkins@northwestms.edu](mailto:kperkins@northwestms.edu)

Ms. Beverly Barnes  
Copiah-Lincoln Community College  
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Wesson, MS 39191  
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Ms. Dianne Walton  
Meridian Community College  
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662 246 6417  
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**OR YOU MAY CONTACT:**

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Extension Service  
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Ms. Chelia Woodfork-Thompson  
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