

RURAL MEDICAL SCHOLARS 2012

Thank you so much for your interest in the Rural Medical Scholars program. The following pages include the application and instructions for forwarding to MSU:

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

- During the summer of 2012, I will be between my junior and senior year of high school
- I have achieved a minimum composite ACT score of 25 and a 24 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.

Completed applications, along with an **OFFICIAL transcript** including **grades from the first semester of the applicant's junior year** and **qualifying ACT scores** should be **sent by the school's guidance counselor** to the following address **no later than March 21, 2012** (please do not send incomplete or ineligible applications):

**Ms. Angie Cruise
Mississippi State University
Rural Medical Scholars Program
Box 9647
Mississippi State, MS 39762**

RURAL MEDICAL SCHOLARS
STUDENT APPLICATION FORM
SUMMER 2012
Held at Mississippi State University May 30 – July 2, 2012

Please print clearly

1. Social Security Number: ____/____/____ Name: _____
(last, first, middle initial)
2. Sex: _____ Race: _____ Date of Birth: ____/____/____
3. Hometown Address: _____
(Street or P.O. Box) (Town) (Zip code) (County)
4. Your e-mail address (if applicable): _____
5. Nickname (**only** if you prefer to be called by one): _____
6. High School Name: _____ Year you graduate: _____
7. High School Mailing Address: _____
(Street or P.O. Box) (Town) (Zip code)
8. Parent's name: _____ Home telephone number _____
9. Your cell phone number (if applicable) _____
10. Parents work telephone number: _____ Address: _____
Cell phone #(s) _____
11. List your significant SCHOOL achievements, awards, & accomplishments of the past two years.

12. List your significant NON-SCHOOL (community, church, etc.) achievements of the past two years. Also please describe any jobs or duties you have at home or school that demonstrate your level of commitment to a task.

13. 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, and housing, for the 5-week program will be paid for by funding from Mississippi State University, the State Office of Rural Health (Part of Mississippi State Department of Health) and the Mississippi Area Health Education Center. **You must agree to attend for the full length of the program, without exception.** The program will run from Wednesday, May 30 through Monday, July 2, 2012. **The Scholars will be required to stay on campus from Sunday evenings through Friday afternoons and return home every weekend.** This is an academically challenging program that will require a serious effort and time commitment on the part of the chosen Scholars. A \$60 program registration fee will be requested once you have been accepted into the Scholars program. You will need to cover your own food expenses during the 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, without exception, from May 30 through July 2, returning home each weekend.** I will be responsible for his/her transportation to and from Mississippi State at the beginning and end of the program as well as each weekend.

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 and time commitment 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 THE 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.

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**The last possible ACT test date to achieve a qualifying score in time to apply would be the February 2012 ACT exam.*