



Did either of your parents attend a junior college or 4 year college or university?

Mother \_\_\_yes \_\_\_no, if yes where and highest degree \_\_\_\_\_

Father \_\_\_yes \_\_\_no, if yes where and highest degree \_\_\_\_\_

---

**FUTURE PLANS:**

Colleges or Universities to which you have applied or applying:

---

---

Colleges or Universities where you have been accepted:

---

---

**RECOMMENDATIONS:**

Give the name, position, address and telephone numbers of the persons whom you will ask to write a letter of recommendation on your behalf.

---

Name	email
------	-------

---

Address (including city, state, zip code and phone number)

---

Name	email
------	-------

---

Address (including city, state, zip code and phone number)

I certify that the information submitted in this application is complete and correct to the best of my knowledge. Please be sure to include your transcript and official test scores with your application.

---

Applicant's signature	date
-----------------------	------

**ESSAY REQUIRED**

Please write an essay giving your reasons for wishing to participate in the Minority Rural Health Pipeline Program. Be sure to include goals and motivation, health career interest, and any exposure you may have

to the health care professions (example: volunteer work, sick relative, personal illness, etc). Limit your comments to one page. Make sure your name is your essay.