

Rural Health Scholars Application

PERSONAL INFORMATION (PLEASE TYPE OR PRINT CLEARLY)

LEGAL NAME:

LAST

FIRST

MIDDLE

EMAIL ADDRESS -----

SOCIAL SECURITY NUMBER -----

PERMANENT MAILING ADDRESS (including street or PO Box, City, State, Zip)

COUNTY: ----- PHONE: ----- DATE OF BIRTH: -----

SEX AND ETHNIC BACKGROUND:

____ Male ____ Black/non Hispanic ____ White/non Hispanic
Female ____ Hispanic ____ Native American ____ Other

EDUCATION:

HIGH SCHOOL (include City and County)

Cumulative: _____ Math and Science: _____
Grade Point Average: on a 4 point scale A=4, B=3, C=2, D=1, F=0

Have you taken any of the following standardized tests? Record your highest score.

ACT _____ SAT _____ PSAT _____ PACT _____ PLAN _____

Check which science course(s) you have taken: ___ Biology _____ Chemistry ___ Physics

IN CASE OF EMERGENCY:

NEXT OF KIN

RELATIONSHIP

ADDRESS (including street and/PO Box or city, state, and zip)

Email

DAY TELEPHONE NUMBER

EVENING TELEPHONE

CELL PHONE

PARENT'S EDUCATIONAL INFORMATION

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

Mother ___ yes ___ no, if yes where and highest degree _____

Father ___ yes ___ no, if yes where and highest degree _____

LIST ALL EXTRA CURRICULUM ACTIVITIES:

RECOMMENDATIONS:

Give the names, position, addresses and telephone numbers of the persons whom you will ask to write letters of recommendations.

Name/Position email address

Address (including City, State, Zip code, and Telephone number)

Name/Position email address

Address (including City, State, Zip code, and Telephone number)

I certify that the information submitted in this application is completed and correct to the best of my knowledge. Please be sure to include your transcript and official test scores with your application.	
----- SIGNATURE	----- DATE
APPLICANT'S	

I, the undersigned, give my permission for my son (nephew)/daughter (niece) to participate in the Rural Health Scholars Program at The University of Alabama.

Parent's/Guardian signature _____ Date

Name: _____

STATEMENT OF INTEREST:

Please write an essay stating your reasons for wanting to participate in the Rural Health Scholars Program. Be sure to include background information, goals and motivation, health career interest and any exposure you may have to the health care field. Limit your essay to the space provided.