

Primary Care Scholars Program of the Pennsylvania State College of Medicine
Milton S. Hershey Medical Center
Center for Primary Care

May 21, 2007 – June 1, 2007

APPLICATION

Directions: Please complete the application in its entirety and return it to your Pre-health advisor.

Deadline for receipt of all materials at The Pennsylvania State University College of Medicine:

1. Name _____
(Please Print) (Last) (First) (Middle)

Date of Birth: _____ Sex: ____M ____F

Email Address _____

2. Current Address _____
(Street) (Apartment Number)

(City) (County) (State) (Zip Code)

Telephone Number: _____

3. Permanent Address _____
(See instructions) (Street) (Apartment Number)

(City) (County) (State) (Zip code)

Telephone number at this address _____

4. Undergraduate year completed as of May 2007 (please check)

_____ Sophomore
_____ Junior
_____ Postgraduate

Current GPA: _____ What is your major? _____

SAT Total Score: _____ Verbal: _____ Math: _____

5. We appreciate your completion of this question but completion is optional.
_____ Ethnicity (*Please see instructions for explanation, and place correct code on the line.*)

6. We appreciate your completion of this question for our analysis.
_____ Locality Description (*Please see instructions for explanation, and place correct code on the line.*)

(OVER)

7. Any Honors or Awards:

8. Any Extracurricular & Volunteer activities:

9. Any Supplemental Comments?

10. APPLICATION CHECKLIST (✓) (*Please see instructions*)

_____ **Personal Statement:** Please type or write legibly a one-to-two page statement indicating your career interests in medicine, and what you personally would bring to a career in primary care.

_____ **Community Letter:** Please include a letter of support from a community organization or someone in your hometown or college community who knows you well.

_____ **Please ask your pre-health advisor to include a letter of support to accompany your application.**

_____ **Please return this form and your statement to your pre-health advisor.** Your advisor will mail the completed application and letters.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS COMPLETE, ACCURATE, AND IN ACCORDANCE WITH OFFICIAL EDUCATIONAL RECORDS.

Signature _____ Date _____

DEADLINE FOR RECEIPT OF ALL MATERIALS TO THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE IS **FEBRUARY 12, 2007**

Thank you for applying to our program. If you have questions, please call Jeanne Myers by phone (717) 531.8752, fax (717) 531.5024, or by email at jemyers@psu.edu.