

THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE
MILTON S. HERSHEY MEDICAL CENTER

CENTER FOR PRIMARY CARE

PRIMARY CARE SCHOLARS PROGRAM

INSTRUCTIONS

Thank you for your interest in The Primary Care Scholars Program. After you have completed the entire application, please return it to your pre-health advisor.

Below are instructions for completing specific questions on the Scholars Application:

Question #3 Permanent Address. Indicate the one address you consider to be your permanent address. This address will be used for future contact.

Question #5 Ethnic self-description definitions and codes:

B =**Black, not of Hispanic Origin**. A person having origins in any of the black ethnic groups of Africa.

I =**Native American**. A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

I	=	American Indian	N	=	Native Hawaiian
L	=	Alaskan Native			

Please note that those self-descriptions (I-N above) are collapsed and reported in National and AMAAS School Summaries under the category "American Indian/Alaskan/Hawaiian".

W =**White, not of Hispanic Origin**. A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

O =**Asian or Pacific Islander**. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

C	=	Chinese	E	=	Indian or Pakistani
F	=	Filipino	T	=	Other Pacific Islander
K	=	Korean	A	=	Other Asian
V	=	Vietnamese	S	=	Southeast Asian, other than Vietnamese
J	=	Japanese			

Please note that these self-descriptions (C-S above) are collapsed and reported in National and AMAAS School Summaries under the category "Asian or Pacific Islander".

M =**Hispanic-Mexican Americano or Chicano**. A person of Mexican culture or origin, regardless of race.

P =**Hispanic-Puerto Rican (Mainland)**. A person of Puerto Rican culture or origin, regardless of race, whose legal residence is on the mainland of the United States.

R =**Hispanic-Puerto Rican (Commonwealth)**. A person of Puerto Rican culture or origin, regardless of race, whose legal residence is on the island of Puerto Rico.

H =**Other Hispanic**. A person of Cuban, Central or South American, or other Spanish culture or origin.

Question #6 (The description is for the community you consider to be your **permanent address**). Locality description:

- LC =Large City (population 500,00 or more)
- SLC =Suburb of a large city
- CMS =City of moderate-size (population 50,000 to 500,000)
- SMC =Suburb of moderate-size city
- SC =Small city (population 10,000 to 50,000-other than suburb)
- T =Town (population 2,500 to 10,00- other than suburb)
- ST =Small town (population less than 2,500)
- R =Rural/unincorporated area

Question #10 Application Checklist. Applications must be returned in completed form to your pre-health advisor. Please use the checklist to make sure that is the case.

Please be aware that this is a two-week commitment. If accepted into the program, you will be responsible for arranging an experience with a preceptor in family practice, general pediatrics, or general internal medicine for the second week. We can assist you if you need help. If you have any questions, please call Jeanne Myers at (717) 531-8752 or email at jemyers@psu.edu.