

9. If you are receiving financial aid indicate the dollar amounts you have received for the current school year.

PELL \$ _____ Scholarships \$ _____ Other Grants \$ _____

Loans: NDSL \$ _____ GSL \$ _____ FISL \$ _____ Other \$ _____

FAMILY

10. Name of parent () or guardian () Mr.
Mrs. _____
Miss Last First Middle

11. Parent's or guardian's occupation: _____

12. Address of parent or guardian: _____
City State Zip

13. Parent's/guardian's annual income (last tax year) 20__ \$ _____ (Estimate)

13a. Family size (including parents) _____

EDUCATION

14. List in chronological order, beginning with most recent, all schools, colleges and universities attended or currently attending. Include summer sessions.

Institution	Major (If Applicable)	Year and Month of Degree/Diploma	Dates Attended

15. Current College Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____

Expected Date of Graduation _____ Major _____

16. Have you applied to Medical School? _____

If you have not applied to Medical School, when do you plan to apply? Year of entry _____

Schools to which you have or plan to apply:

_____	_____
_____	_____
_____	_____

17. If you do not attend a summer program, briefly explain how you plan to spend your summer.

18. Do you have military service experience? Yes _____ No _____

19. Do you have a pre-med advisor? Yes _____ No _____

If yes, name of person. _____

If no, who is your academic advisor? _____

20. Rank your career choices 1-4 with 1 being first choice.

Medicine _____ Dentistry _____ Pharmacy _____ Allied Health (Specify) _____ Other, (Specify) _____

WORK EXPERIENCE

21. Beginning with the most recent date, indicate when and where you have worked for pay or volunteered during the past three years.

Place of Employment	Dates From / To	Type of Work or Job Title
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Extra curricular and community activities while in college:

Activities	Offices Held	Dates of Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Have you taken the ACT/SAT? Yes _____ No _____

If so, when _____ Scores _____ / _____ / _____ / _____ / _____
Math / Verbal / Social Sciences / Natural Sciences / Composite

24. Have you applied to other summer programs? Yes No
Please list any other summer programs in which you have participated.

<u>Name or Program</u>	<u>City/State</u>	<u>Dates of Participation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRICULUM PLANS

25. Please list those science and math courses you have in progress or plan to take prior to entry to medical school. Indicate course title, semester (fall, winter, spring or summer) and year you are taking or plan to take the course.

RECOMMENDATIONS

Please list the names, titles and addresses of the two individuals (pre-med advisor and/or science faculty) who will complete recommendations on your behalf.

26. Name _____	Title _____
Address _____	Area Code/Phone _____
Name _____	Title _____
Address _____	Area Code/Phone _____

PERSONAL STATEMENT

27. In a total of 250 words:

(1) Describe some interesting aspects of your life, (2) tell which health profession you want to pursue and why and (3) explain why you are interested in attending one of the summer programs offered by the Health Careers Pathways Program. Please type your narrative on a separate sheet of paper.

If accepted in one of the summer programs of the University of Kansas Medical Center Health Careers Pathways Program (HCPP) I agree to assist in evaluating the program by providing transcripts and grade reports to the Health Careers Pathway Program at least twice a year during the remainder of my undergraduate and professional school training.

My signature is confirmation of my commitment to becoming a health professional and to the goals of the Health Career Pathways Program. It also gives HCPP permission to use my transcript and social security number for tracking and reporting purposes.

Signature

Date