

Trover Rural Health Interim Session

Application for January 2012 Session



Name:

College mailing address:

City, State, Zip

Phone:

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Name of High School graduated:

University/College Attending:

Email:

Extended family living in Kentucky:

_____ Yes _____ No

BCPM* GPA:

Permanent mailing address:

City, State, Zip

Cell/Other #:

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Kentucky resident:

_____ Yes _____ No

County of High School:

Class: (Freshman, Sophomore, Junior, Senior)

Parent or Guardian Name:

Where?:

Cumulative College GPA:

Previous experience with shadowing physicians or health career activities:

Previous volunteer community service/leadership activities:

*BCPM = Biology, Chemistry, Physics, Math

My specific reasons for applying to the Trover Rural Health Interim Session are:

Two letters of recommendations must be submitted by faculty who have taught you as a college student. Ask your references to mail their letters of recommendations to the address noted at the bottom of this application. List the names and contact information for your two references below.

Name _____

Address _____

Title _____

Phone _____

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Name _____

Address _____

Title _____

Phone _____

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This is to certify my interest in the Trover Rural Health Interim Session.
I have read and understand the requirements.

Signature

Date

Attach a copy of your college transcript, a copy of your spring semester grades and a 2 - 3 page essay (12 pt font, double spaced) on "The Role of the Rural Physician".

The application should be copied to your Premedical advisor and submitted to the address below

Pam Carter
U of L SOM Trover Campus
200 Clinic Drive - 3rd Center East
Madisonville, KY 42431



Deadline for receipt of application and all supporting materials: November 23, 2011