



Trover Rural Scholar Program



Application

Name:

College mailing address:

City, State, Zip

Phone:

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Name of High School graduated:

University/College Attending:

Month and year you began college:

Email:

Extended family living in Kentucky:

No

Yes

Best composite ACT score:

Social Security #

Permanent mailing address:

City, State, Zip

Cell/Other #:

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County of High School:

Class: (Freshman, Sophomore, Junior, Senior)

Expected date of college graduation:

Parent or Guardian Name:

Where?:

Cumulative High School GPA (on a 4.0 scale):

Previous experience with shadowing physicians or health career activities:

Previous volunteer community service/leadership activities:

My specific reasons for applying to be a Trover Scholar are:

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

Name	Name
_____	_____
Address	Address
_____	_____
_____	_____
Title	Title
_____	_____
Phone	Phone
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_____	_____

This is to certify my interest in the Trover Scholar Program.
I have read and understand the requirements.

_____	_____
Signature	Date

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

The application must be submitted to your Premedical advisor for consideration for recommendation. Do not submit your application directly to Trover Foundation.

**Pam Brister
UofL School of Medicine Trover Campus
Trover Foundation
435 North Kentucky Avenue
Madisonville, KY 42431**

DEADLINE for receipt of application and all supporting materials: FEBRUARY 16, 2007