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Trover Rural Scholar Program Application

Name:

Permanent mailing address:

College mailing address:

City, State, Zip

City, State, Zip

Cell phone #:

() _____

Home Phone:

() _____

Kentucky resident:

_____ Yes _____ No

Name of High School graduated:

County of High School:

University/College Attending:

Class: (Freshman, Sophomore, Junior, Senior)

Month and year you began college:

Expected date of college graduation:

Email:

Parent or Guardian Name:

Extended family living in Kentucky:

_____ Yes _____ No

Where?:

Best composite ACT score:

Cumulative High School GPA (on a 4.0 scale):

Previous experience with shadowing physicians or health career activities:

Previous volunteer community service/leadership activities:

