

Trover Rural Health Interim Session

Application for January 2008 Session



Name:

Social Security #

College mailing address:

Permanent mailing address:

City, State, Zip

City, State, Zip

Phone:

Cell/Other #:

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Name of High School graduated:

County of High School:

University/College Attending:

Class: (Freshman, Sophomore, Junior, Senior)

Email:

Parent or Guardian Name:

Extended family living in Kentucky:

Where?:

_____ No _____ Yes

BCPM* GPA:

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	Name
_____	_____
Address	Address
_____	_____
_____	_____
Title	Title
_____	_____
Phone	Phone
(_____)	(_____)

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
Trover Health System
435 North Kentucky Avenue
Madisonville, KY 42431**



Deadline for receipt of application and all supporting materials: October 15, 2007.