

# Trover Rural Health Interim Session

## Application for January 2011 Session



Name:

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College mailing address:

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City, State, Zip

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Phone:

(     )

Name of High School graduated:

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University/College Attending:

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Email:

Extended family living in Kentucky:

\_\_\_\_\_ No     \_\_\_\_\_ Yes

BCPM\* GPA:

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Social Security #

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Permanent mailing address:

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City, State, Zip

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Cell/Other #:

(     )

County of High School:

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Class: (Freshman, Sophomore, Junior, Senior)

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Parent or Guardian Name:

Where?:

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Cumulative College GPA:

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Previous experience with shadowing physicians or health career activities:

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Previous volunteer community service/leadership activities:

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\*BCPM = Biology, Chemistry, Physics, Math

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

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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  
200 Clinic Drive - 3rd Center East  
Madisonville, KY 42431



**Deadline for receipt of application and all supporting materials: November 16, 2010.**