1. All sections of the application must be completed by the applicant and must be legible (typed or printed). In addition, on a separate sheet of paper, the applicant must compose a Statement of Interest—an essay that describes the applicant’s reasons for wanting to participate in the Rural Health Scholars program. Applicants should touch on details regarding their background, goals, motivations, health career interests and any exposure they may have previously had within the health care field.

2. Two letters of recommendation must be provided within sealed envelopes. One letter should be provided by the applicant’s high school guidance counselor. The second letter may be provided by the high school principal or the math, science, english, or health sciences teacher. The applicant’s name and the name/position of the person providing the recommendation should be clearly listed.

4. The applicant’s high school counselor must submit an official copy of the applicant’s high school transcript and relevant test scores achieved. The minimum test score requirement to be considered for the Rural Health Scholars program is 21 ACT or 1080 SAT. The applicants must, additionally, be currently enrolled in the 11th grade.

5. Transcripts should be provided in a sealed envelope signed by the high school guidance counselor with their signature placed across the seal.

6. All materials (including the completed application, relevant test scores, transcript, essay questions, and letters of recommendation) should be packaged in a single envelope and postmarked no later than March 15, 2018.

7. All materials should be mailed to:

   Rural Health Scholars Program
   The University of Alabama
   Box 870327
   Tuscaloosa, AL 35487

8. A parent’s or guardian’s consent is required to participate in this program. Their signature is required at the conclusion of the application. There will be an additional consent form to sign if the applicant is a successful candidate for the program.

Applicants will receive confirmation when the selection process is complete. Final selections will be made by April 30, 2018. For questions about the application or the program, contact Cynthia Moore at 205-348-0316 or cmoore@ua.edu.
PERSONAL INFORMATION
Please print or type neatly.

Full Legal Name _____________________________________________________________________

Preferred Name __________________________ Date of Birth ____________________________

Email address (one checked often) ________________________________________________

Home Phone (including area code) ____________________ Cell Phone ____________________

Permanent Mailing Address ________________________________________________________

_________________________________________________________________________________County of Residence____________________

Gender _____ Female   _____ Male

Ethnic Background

___ Black/African American   ____ Asian/Pacific Islander   ____ Hispanic/Latino

___ Native American   ____ White/Caucasian   ____ Other _______________________________

PARENT AND/OR LEGAL GUARDIAN INFORMATION

Name __________________________________________ Relationship to Applicant________________

Address _____________________________________________________________________________

Did your parent and/or legal guardian attend a university or college?

_____Yes _____ No  Name of University or College__________________________

Highest Degree _____________________________________________________________________

Additional Parent and/or Legal Guardian Information

Name __________________________________________ Relationship to Applicant________________

Address _____________________________________________________________________________

Did your parent and/or legal guardian attend a university or college?

_____Yes _____ No  Name of University or College__________________________

Highest Degree _____________________________________________________________________
EDUCATIONAL BACKGROUND

High School Name, City, County______________________________________________________

Current Grade __________ Graduation Date ________________ Cumulative GPA _______

Math and Science GPA ______

Test Scores ACT ___________ SAT ___________ PACT ___________ PSAT ___________
List highest composite score.

Courses Completed

____ Biology   ____ Chemistry  ____ Physics ____ Anatomy and Physiology

List all extra-curricular activities: ________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

CERTIFICATION AND CONSENT

APPLICANT:
By signing, I certify that the information submitted in this application is complete and correct to the best of my knowledge.

PARENT/GUARDIAN:
By signing, I give permission for my child to participate in the Rural Health Scholars program at The University of Alabama. I certify that the information submitted in this application is complete and correct to the best of my knowledge.

APPLICANT AND PARENT/GUARDIAN:
We both understand and accept that good behavior, good conduct, compliance with program and University rules, academic progress, and regular attendance are mandatory for continued participation.

____________________________________________________________________________________
Applicant Signature                                                                                              Date

____________________________________________________________________________________
Parent/Guardian Signature                                                                                  Date