



## PREMEDICAL AND HEALTH SCHOLARS PROGRAM APPLICATION

The Premedical & Health Scholars Program provides support to disadvantaged and underrepresented students committed to becoming competitive applicants to health professional schools (medical, dental or pharmacy). Students engage in a structured program of academic enrichment and social support preparing them for admission into health professional school.

Goal of the Premedical & Health Scholars Program - To increase the number of disadvantaged and underrepresented students who graduate from California State University, Fresno and continue on to health professional school.

### Program Eligibility

1. Applicants must have been accepted into Fresno State, be in the process of applying to Fresno State or be current Fresno State students.
2. Applicants must be either educationally or economically disadvantaged.
3. Minimum cumulative grade point average (GPA) of 3.0.
4. Applicants must be interested in pursuing a career in medicine, pharmacy or dentistry.
5. Applicants must complete the application which includes an unofficial transcript, personal statement, and one letter of recommendation. Finalists will be selected for a personal interview.

Selection Criteria - GPA, letter of recommendation, personal statement, interview (finalists only).

### 2009-2010 APPLICANT CHECK LIST

- \_\_\_ Review your Premedical & Health Scholars Program Application to be certain that it is completed.
- \_\_\_ If you applied for or currently receive financial aid, attach a photocopy of completed Free Application for Student Aid (FAFSA) OR Student Aid Report (SAR).
- \_\_\_ Attach most recent unofficial transcript.
- \_\_\_ Attach one letter of recommendation.
- \_\_\_ Complete, proofread, and include your personal statement.
- \_\_\_ Submit your application along with supporting documents to the Premedical & Health Scholars Program office. The address is:

Premedical & Health Scholars Program  
UCSF Fresno Latino Center  
550 E. Shaw Ave. Ste. 210  
Fresno, California 93710-7702

- *Please understand that incomplete applications will not be considered for selection. If you have any questions about this application, please call the program office at 241-7670.*

1. STUDENT INFORMATION

Academic Enrollment Year 2009-10

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth (mo/day/year): \_\_\_\_\_ Social security #: \_\_\_\_\_

Ethnicity:

<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Latino		
<input type="checkbox"/> Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Hmong
<input type="checkbox"/> Laotian	<input type="checkbox"/> Thailand	<input type="checkbox"/> Philippine Islands	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Asian Indian	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other (Please specify) _____				

## 2. EDUCATIONAL INFORMATION

Please check your student status: High school senior \_\_\_\_\_ Fresno state student \_\_\_\_\_

High school attended: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Student ID number (if known): \_\_\_\_\_

What is your intended or current major? \_\_\_\_\_

What is/are your career interest(s)? \_\_\_\_\_

What is your current cumulative GPA? \_\_\_\_\_

Do you intend to apply to health professional school after college?

\_\_\_ Yes (answer next question) \_\_\_ No \_\_\_ Not sure

Please select the school you intend to apply to: \_\_\_ Medicine \_\_\_ Dentistry \_\_\_ Pharmacy \_\_\_ Not sure

List the names of all the high schools and colleges you have attended.

School Name, City, State	Dates Enrolled

College students only:

How many units have you completed? \_\_\_\_\_

How many units are you currently enrolled in this semester? \_\_\_\_\_

What is your expected graduation date? \_\_\_\_\_

**3. PARENT/GUARDIAN INFORMATION**

Father's name: \_\_\_\_\_ Work phone # \_\_\_\_\_

Father's occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work phone # \_\_\_\_\_

Mother's occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

If applicable:

Legal Guardian's Name: \_\_\_\_\_ Work phone # \_\_\_\_\_

Legal Guardian's Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

With whom did you live with and receive financial support from when you were a minor?

\_\_\_ Both parents

\_\_\_ Legal guardian

\_\_\_ Mother

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Father

Please check the highest level of education completed by:

**Mother or Guardian**

\_\_\_ Did not finish high school

\_\_\_ High school graduate

\_\_\_ Some college

\_\_\_ AA/AS Degree

\_\_\_ BA/BS Degree

\_\_\_ Master's Degree

\_\_\_ Doctorate Degree

**Father**

\_\_\_ Did not finish high school

\_\_\_ High school graduate

\_\_\_ Some college

\_\_\_ AA/AS Degree

\_\_\_ BA/BS Degree

\_\_\_ Master's Degree

\_\_\_ Doctorate Degree

Are you currently eligible to receive financial aid? \_\_\_Yes \_\_\_No \_\_\_Not sure

Have you completed the 2009-2010 Free Application for Federal Student Aid (FAFSA) and mailed it to the central processing office?

\_\_\_Yes Date submitted \_\_\_\_\_

\_\_\_No Date you plan to submit \_\_\_\_\_

If yes, please attach a copy of the completed Free Application for Student Aid (FAFSA) OR Student Aid Report (SAR)

• Language most frequently spoken at home: \_\_\_\_\_

• Preferred language for written materials: \_\_\_\_\_

#### 4. SUBJECT LEVEL

Please list the highest level you have taken in each subject and the grade you received.

Course Name (e.g. trigonometry, AP Chemistry, Chemistry 1A)	First sem. grade/second sem. grade
Biology _____	____/____
Chemistry _____	____/____
English _____	____/____
Math _____	____/____
Physics _____	____/____
Other science _____	____/____

#### 5. HEALTH PROFESSIONS PREPARATION PROGRAM

Have you ever been enrolled in a health professions preparation program at your high school /college (e.g. SHS Doctors Academy, McLane Medical Magnet, HCOP, etc.)?  Yes  No (Skip to next section)

Name of program	Years
_____	<input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> College

#### 6. APPLICANT CERTIFICATION

I certify that the information set forth in this application is accurate to the best of my knowledge and that any accompanying examples of my work represent my own original effort.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have read all contents in this application (a parent or guardian signature is required if student is under 18 years of age).

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

## 7. LETTER OF RECOMMENDATION

Ask one evaluator to complete the following letter of recommendation form and submit to you in a sealed envelope. Include this sealed letter with your application. Evaluator must be a Math, Science, or English instructor, high school counselor and/or college advisor. Evaluators cannot be friends, relatives, employers, or mentors.

### Premedical & Health Scholars Program LETTER OF RECOMMENDATION

To Evaluator: The letter of recommendation is a valued part of the admission process. Please provide your evaluation of the candidate's abilities below per each category.

Applicant's Name \_\_\_\_\_

Please evaluate the applicant with respect to each category below	Excellent	Good	Average	Below Average
Communication skills				
Motivation and effort				
Study habits				
Ability to interact with others				
Academic ability				
Imagination and creativity				
Organization skills				

1. How long have you known the applicant and in what capacity?

2. In your opinion, what are the applicant's outstanding attributes?

3. Please give your personal impressions of the applicant's intellectual ability and aptitude to pursue a health or medical career?

4. Please provide any other information that would help us in our consideration of this applicant.

Evaluator's Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please seal this recommendation letter in an envelope and give to the student to include with the completed application prior to the application deadline.

8. PERSONAL STATEMENT (1 page maximum, typewritten on separate paper, doublespaced)

Which health/medical profession are you the most interested in pursuing? Describe your reasons for pursuing this profession and describe the people and/or experiences that have shaped your goals.

