

# **PA AHEC SCHOLARS PROGRAM**

## **APPLICATION CHECKLIST**

**2011-2012**

- Signed Application**
  
- High School Transcript**
  
- College/University Transcript**
  
- Letter of Recommendation from Advisor**
  
- Letter of Recommendation from Community Mentor**
  
- Application Post Marked by May 27, 2011**

# PA AHEC Scholars Program

## Application 2011-2012

The following questions are designed to collect information about your background, interests, and your college and career plans. Your answers to these questions will be used only in connection with your application for this program and will be seen only by the Selection Committee and other qualified persons working with the program. For questions, please contact Jane Mullinax at [jmullinax@nwpaahec.org](mailto:jmullinax@nwpaahec.org), or by telephone at (814) 453-6551, x224. Thank You!

If you have any questions, please contact your pre-health advisor. **Please complete the following application and send it with a copy of your high school and college transcripts and the required letters of recommendation postmarked by Friday, May 27, 2011, to:**

PA AHEC Scholar's Selection Committee  
c/o NW PA AHEC  
1913 West 8<sup>th</sup> Street  
Erie, PA 16505

Name: \_\_\_\_\_  
*First* *Last*

Permanent Home Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Home Telephone: ( ) \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of College/University: \_\_\_\_\_

Major: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Who is your advisor/s?: \_\_\_\_\_

College Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

College Telephone: ( ) \_\_\_\_\_

College Email Address: \_\_\_\_\_

Permanent Email Address: \_\_\_\_\_  
(if different)



**Describe an experience you consider significant to your interest in the medical profession.**  
*(use additional paper if needed)*

**What unique qualities will you be able to offer as a PA AHEC Scholar?**  
*(use additional paper if needed)*

SAT Scores (if applicable):    Math-\_\_\_\_\_    Reading-\_\_\_\_\_    Writing-\_\_\_\_\_

ACT Scores (if applicable):    Math-\_\_\_\_\_    English-\_\_\_\_\_  
   Reading-\_\_\_\_\_    Science-\_\_\_\_\_

**Letters of Recommendation - Please send with your application 1) a letter of recommendation from your college/university's pre-health advisor and 2) a letter of recommendation from a community mentor of your choice.**

**Assurance and Signature of Applicant:**

**If accepted into the program, I agree to participate in all sessions and other required activities of the PA AHEC Scholar's Program:**

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*Signature*

*Date*

**APPLICATION DEADLINE: FRIDAY, MAY 27, 2011**