

PA AHEC SCHOLARS PROGRAM

APPLICATION CHECKLIST

2009-2010

- Signed Application**
- High School Transcript**
- College/University Transcript**
- Letter of Recommendation from Advisor**
- Letter of Recommendation from Community Mentor**
- Application Post Marked by April 24, 2009**

PA AHEC Scholars Program Application 2009-2010

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, 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, April 24, 2009, to:**

PA AHEC Scholar's Selection Committee
c/o NW PA AHEC
1913 West 8th 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:

Signature

Date

APPLICATION DEADLINE: FRIDAY, APRIL 24, 2009