



## RURAL MEDICAL & SCIENCE SCHOLARS 2019

Thank you so much for your interest in the Rural Medical & Science Scholars program. The following pages include the application and instructions for forwarding to MSU:

Before applying, please check that you meet **all** of the following eligibility requirements:

- During the summer of 2019, I will be between my junior and senior year of high school
  - I have achieved a minimum composite ACT score of 22 (*lower composite scores will not be considered*)
  - My high school grades are in line with my ACT scores
  - I am a Mississippi resident
- and*
- YES, I WANT TO LEARN ABOUT A CAREER IN HEALTH OR SCIENCE!!!

**Please read the FAQs found at [extension.msstate.edu/rms](http://extension.msstate.edu/rms) before applying**

Do not apply unless you are able to attend the entire program from June 2 – June 28

*We look forward to reviewing your application and, hopefully, to having you join us this summer.*

Completed applications, along with an **OFFICIAL** transcript including **grades from the first semester of the applicant's junior year** and **qualifying ACT scores** should be **sent by the school's guidance counselor** to the following address **postmarked no later than March 25, 2019** (please do not send incomplete or ineligible applications; they will not be reviewed):

**Ms. Jasmine Harris-Speight  
Program Assistant Director  
Mississippi State University Extension Service  
Department of Food Science, Nutrition, and Health Promotion  
Rural Medical & Science Scholars Program  
Box 9805  
Mississippi State, MS 39762**



RURAL MEDICAL & SCIENCE SCHOLARS STUDENT APPLICATION  
SUMMER 2019

Held at Mississippi State University June 2 – June 28, 2019

**Student Information**

1. Name: \_\_\_\_\_

(last, first, middle initial)

2. Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

3. Hometown Address: \_\_\_\_\_

(Street or P.O. Box) (Town) (Zip code)

4. Hometown County: \_\_\_\_\_

5. Your e-mail address (if applicable): \_\_\_\_\_

6. Your cell phone number (if applicable) \_\_\_\_\_

7. Are you a member of 4-H? Yes \_\_\_ No \_\_\_ If yes, in which county? \_\_\_\_\_

8. Nickname (*provide only if you prefer to be called by one*): \_\_\_\_\_

9. Do you need financial assistance for this program? Yes \_\_\_\_\_ No \_\_\_\_\_

(*Limited scholarships will be available on a financial need basis.*)

**If you checked yes to the above question (no. 9), you must complete question no. 22 in order to be considered for this financial need-based scholarship.**

**High School Information**

10. High School Name: \_\_\_\_\_ Year you graduate: \_\_\_\_\_

11. High School Mailing Address: \_\_\_\_\_

(Street or P.O. Box) (Town) (Zip code)

12. School Counselor: \_\_\_\_\_ Counselor's telephone number: \_\_\_\_\_

13. Do you receive free or reduced meals? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Information**

Preferred Contact: \_\_\_\_\_

14. Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

15. Home telephone number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_

16. Work telephone number: \_\_\_\_\_ Work telephone number: \_\_\_\_\_

17. Cell phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

**Essay Questions**

18. Give three examples of leadership experiences you have had in the last two years and how that has shaped you as a person. *Please do not use abbreviations for clubs, etc.*

19. Give three examples of community service that you've performed within the last two years and what community service means to you. *Please do not use abbreviations for community achievements, etc. List each entry with bullets or with numeric status, so easier to read.*

20. How would this program help you prepare for college and your career goals?

21. Please attach a copy of your resume with work experience, skills, and service.

22. Why do you need this financial need-based scholarship? (describe in a 200-250 word essay)

ACCEPTANCE STATEMENT

The program fee of \$2400 includes: program application fee, tuition which is reduced through the MSU College Ready Program, housing, and textbooks. You will need to cover your own food expenses during the program. **You must agree to attend for the full length of the program (no absences allowed).** The program will run from Sunday, June 2 through Friday, June 28, 2019. **The Scholars will be required to stay on campus during the weekdays and must return home on the weekends.** This is an academically challenging program that will require a serious effort and time commitment on the part of the chosen Scholars. A \$100 program application fee will be requested once you have been accepted into the Scholars program. If selected, I agree to these terms.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

PARENTAL PERMISSION STATEMENT

I hereby grant permission for my son/daughter to apply for the Rural Medical & Science Scholars program and for school officials to report my child's achievements and grades. I understand that if my son/daughter is accepted they will be **required to attend the entire program (no absences allowed) from June 2 through June 28, returning home each weekend.** **I understand that if my son/daughter is accepted I will be responsible for his/her total program fee of \$2400 and transportation throughout the duration of the program.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

RURAL MEDICAL & SCIENCE SCHOLARS SCHOOL RECOMMENDATION FORM

(INFORMATION FROM SCHOOL PERSONNEL ON STUDENT APPLYING FOR RURAL MEDICAL & SCIENCE SCHOLARS PROGRAM. CONFIDENTIALITY WILL BE HONORED.)

1. Student Name: \_\_\_\_\_  
(first) (middle) (last)

2. School Name: \_\_\_\_\_ School District: \_\_\_\_\_

3. School Address: \_\_\_\_\_  
(Street or P.O. Box) (Town) (Zip code) (County)

4. **TEACHER: THIS INFORMATION IS CONFIDENTIAL.** Please state why you think this student would benefit from participating in the Rural Medical & Science Scholars Program and what he or she would contribute to the other scholars. Comments should be made regarding the student's ability and potential for success as a student of medicine and, eventually, as a practicing physician. This is an academically challenging program that will require a serious effort and time commitment on the part of the chosen scholars. Use the space provided, then sign at the bottom of the page. Upon completion, please forward the application to the guidance counselor.

\_\_\_\_\_  
Teacher's Signature\*

\_\_\_\_\_  
Date

\* This signature is required in order for the student to be considered by the selection committee.

5. Include any additional information here from other faculty members or school administrators that would assist the screening committee in making their selections.

ACADEMIC ENDORSEMENT

6. Attach a readable **OFFICIAL** transcript of this student's grades and **ACT scores** to this form. **THE TRANSCRIPT MUST INCLUDE THE FIRST SEMESTER OF THE STUDENT'S JUNIOR YEAR.** Please include any citizenship grades.

We have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the Rural Medical & Science Scholars Program.

\_\_\_\_\_  
Counselor's Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\* This signature is required in order for the student to be considered by the selection committee.

Completed applications, along with an **OFFICIAL** transcript including **grades from the first semester of the applicant's junior year** and **qualifying ACT scores** should be **sent by the school's guidance counselor** to the following address **postmarked no later than March 25, 2019** (*please do not send incomplete or ineligible applications; they will not be reviewed*):

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*A final note – questions 18, 19, and 20 are very important – help us understand why you should be given this opportunity.*