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 Trover Campus
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Trover Rural Scholar Program Application

Name:

Social Security #

College mailing address:

Permanent mailing address:

City, State, Zip

City, State, Zip

Phone:

Cell/Other #:

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Name of High School graduated:

County of High School:

University/College Attending:

Class: (Freshman, Sophomore, Junior, Senior)

Month and year you began college:

Expected date of college graduation:

Email:

Parent or Guardian Name:

Extended family living in Kentucky:

Where?:

_____ No _____ Yes

Best composite ACT score:

Cumulative High School GPA (on a 4.0 scale):

Previous experience with shadowing physicians or health career activities:

Previous volunteer community service/leadership activities:

My specific reasons for applying to be a Trover Scholar are:

Two letters of recommendation must be submitted prior to the deadline by faculty who have taught you as a college student. Ask your references to mail their letters of recommendation to the address noted at the bottom of this application. List the names and contact information for your two references below:

Name	Name
Address	Address
Title	Title
Phone	Phone
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I prefer that my participation be considered for: (Please check one)	<input type="checkbox"/>	June 2010
	<input type="checkbox"/>	July 2010
	<input type="checkbox"/>	Either June or July 2010

This is to indicate my interest in the Trover Scholar Program.
I have read and understand the requirements.

Signature	Date
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Attach a copy of your high school transcript, a 2 - 3 page essay (12 pt font, double spaced) on "The Role of the Rural Physician" and a copy of your college grades.

The application must be submitted to your Premedical advisor for consideration for recommendation. Do not submit your application directly to the U of L Trover Campus.

**Pam Carter
U of L School of Medicine Trover Campus
Trover Health System
200 Clinic Drive - 3rd Center East
Madisonville, KY 42431**

DEADLINE for receipt of application and all supporting materials: FEBRUARY 15, 2010