

Purchase Area Health Education Center

Connecting Students to Careers, Professionals to Communities, and Communities to **Better Health**

2017 Rural Community Health Scholars Program Application

Please complete the following application along with a **2-3 page essay** (12-pt font, double-spaced) on "The Need for Health Care Professionals in Rural Areas." Please submit a copy of your **current college transcript** (an unofficial copy from MyGate is acceptable) and **two letters of recommendation**.

Name: _____
First Middle Last MSU M#

Permanent Mailing Address: _____
(Street Address) (City, State, ZIP)

Local (MSU) Address: _____
(Street Address) (City, State, ZIP)

Cell Number: _____ **Alternate Phone:** _____

Date of Birth: _____ **Social Security Number:** XXX – XX – _____

Home County: _____ **Parent/Guardian:** _____

Preferred Email Address: _____

MSU email: _____ @ murraystate.edu

High School Information:

High School Attended _____ Date of H.S. Graduation _____

GPA on 4.0 Scale _____ Composite ACT Score _____ SAT Score _____

College Information:

College Hours Completed _____ CUM GPA _____ Science GPA (include math) _____

Major _____ Anticipated Date of Grad. _____

Academic Advisor _____ Phone or Email _____

Career Interest _____

By signing below you certify your interest in participating in the Purchase AHEC Rural Community Health Scholars program.

Signature

Date

Please submit this application and required documents to:

Shanna Burgess, Outreach Coordinator
Purchase Area Health Education Center
233 Wells Hall
Murray, KY 42071
Phone: 270-809-4123 Email: sburgess@murraystate.edu

DEADLINE: February 28, 2017

Please list previous experience with shadowing physicians or health care professionals:

Please list previous volunteer community service or leadership activities:

Briefly explain your reasons for applying to be a Rural Community Health Scholar: