

KENTUCKY RESIDENTS

MCAT-DAT Review Summer Workshop

UNIVERSITY OF LOUISVILLE

Wednesday, June 1 – Wednesday, June 29, 2016

PROGRAM DESCRIPTION AND PURPOSE

The MCAT-DAT Review Summer Workshop is a residential academic enrichment program designed to prepare pre-medical students for the Medical College Admission Test and pre-dental students for the Dental Admission Test. In addition, this program enhances student preparation for the medical school or dental school application process. This program was established to assist in diminishing the number of medically underserved areas in Kentucky by developing more competitive applicants for medical and dental school from those areas. The underlying premise is that such students are more likely to return to their hometowns or similar areas to practice medicine or dentistry, thus helping to eliminate the health professional shortage areas in Kentucky.

Students will:

- Attend daily lectures covering exam content areas
- Receive the full Kaplan review course including access to online study materials and resources, additional lectures, and numerous practice questions and full length exams.
- Prepare for the exam and application in a team environment with a large support system
- Be advised on the admissions process, writing the personal statement, and preparing for the interview
- Attend clinical observations in the School of Dentistry Clinic, University Hospital, private medical and dental practices and other health care facilities

COST AND RESPONSIBILITIES OF PARTICIPANTS

Housing, transportation and educational materials are provided at **no charge** for applicants who have a family taxable income under \$75,000. Applicants with a family taxable income of or exceeding \$75,000 are required to pay a program fee (refer to the back of the application). Housing is provided, and scholars will receive a stipend to cover meals/groceries. **Students must abide by all rules of the program, including mandatory class and study session attendance. Students are asked not to work or be enrolled in academic courses during the program due to our busy schedule.**

ELIGIBILITY

Applicant **must be** a Kentucky resident and a U.S. Citizen or Permanent Resident. Applicant should have a cumulative **and** BCPM (biology, chemistry, physics and math courses) Grade Point Average of **at least 3.0** Applicants should have completed or be currently enrolled in the following courses:

MCAT Required Courses	DAT Required Courses
<ul style="list-style-type: none"> ▪ 3 Semesters of General Biology Courses (with at least 2 labs) ▪ 2 Semesters of General Chemistry with Lab ▪ 1 Semester of Organic Chemistry with lab ▪ 1 Semester of Physics with Lab ▪ 1 Semester of Calculus or 2 other college Math Courses 	<ul style="list-style-type: none"> ▪ 3 Semesters of General Biology Courses (with at least 2 labs) ▪ 2 Semesters of General Chemistry with Lab ▪ 1 Semester of Organic Chemistry with lab ▪ 1 Semester of College Math

PREFERENCE IS GIVEN TO THE FOLLOWING QUALIFIED APPLICANTS:

- An applicant who is from a medically underserved area in Kentucky (listed below)
- An applicant from an ethnic or racial group underrepresented in medicine (see below)

The Association of American Medical colleges (AAMC) definition of underrepresented in medicine is: "Underrepresented in medicine means those racial and ethnic populations that are underrepresented in the medical profession relative to their numbers in the general population." Before June 26, 2003, the AAMC used the term "underrepresented minority (URM)," which consisted of Blacks, Mexican-Americans, Native Americans (that is American Indians, Alaska Natives and Native Hawaiians), and mainland Puerto Ricans. The AAMC remains committed to ensuring access to medical education and medicine-related careers for individuals from these four historically underrepresented racial/ethnic groups.

Information received from www.aamc.org.

The following counties are designated Kentucky Health Professional Shortage Areas

www.hpsafind.hrsa.gov (as of August 2015)

Adair, Allen, Barren, Bath, Bell, Bracken, Breathitt, Breckinridge, Bullitt, Butler, Campbell, Carlisle, Carroll, Carter, Casey, Christian, Clark, Clay, Crittenden, Cumberland, Edmonson, Elliott, Floyd, Fayette* (See designated areas below), Gallatin, Graves, Harlan, Hart, Henry, Hickman, Jackson, Jefferson*(See designated areas below), Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Logan, Lyon, Madison, Magoffin, Marion, Martin, McCracken, McCreary, McLean, Meade, Menifee, Metcalfe, Monroe, Montgomery, Morgan, Muhlenberg, Nelson, Nicholas, Ohio, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Russell, Todd, Trigg, Trimble, Union, Warren, Washington, Wayne, Webster, and Whitley.

PLEASE NOTE: The Louisville/Jefferson County HPSA is north of Algonquin Parkway and west of Seventh Street (West Louisville/Portland) and the Lexington/Fayette County HPSA is between Loudon Avenue and Forbes Road.

APPLICATION COMPONENTS:

Please mail the following items as one complete application package. Partial applications will not be considered. The application package must be received by March 31, 2016

1. **Personal Statement**- The Personal Statement is an essay where you describe yourself, explain why you want to become a physician or dentist, detail what you have done to prepare for medical or dental school, and state why you are interested in participating in the MCAT-DAT Review Program and what you want to gain from it. Your personal statement must be typed using double spaced 12 pt font, must be at least 1 page but no more than 2 full pages. *Although it is not required, you may provide a resume on a separate piece of paper, listing your awards, extracurricular activities, community service, and other accomplishments.*
2. **Sealed Letter of Recommendation from science faculty/instructor**- The Letter of Recommendation must be confidential, sealed, and signed by the advisor/instructor on the seal of the envelope. This letter should include an assessment of the applicant's academic abilities, interpersonal skills, reliability, perseverance, communication skills, self-confidence, empathy/consideration of others, ability to interact and work with others, maturity and judgment, potential to set and achieve goals, and motivation for a career in medicine or dentistry. Overall, it should clearly state why you would be a good candidate for the program.
3. **MCAT-DAT Review Paper Application**- Complete all sections.
4. **All college transcripts**- through Fall 2015.
5. **Your Photograph (required)**- Your application will be considered incomplete if you do not include your photograph.

SELECTION

The Selection Committee will carefully review the application components beginning December 1, 2015. Students are encouraged to apply early. Applicants will be notified of their status by April 15, 2016. A limited number of alternates will also be selected and possibly be invited to participate as late as June.

All application materials must be RECEIVED by March 31, 2016
Late or incomplete applications will not be considered

PLEASE MAIL ALL APPLICATION MATERIALS TO:

University of Louisville Health Sciences Center
Office of Diversity and Inclusion
Abell Administration Building, Room 502
323 E. Chestnut St.
Louisville Kentucky 40202
Attn: MCAT-DAT Review Summer Workshop

QUESTIONS?

Contact U of L Health Sciences Center Office of Diversity and Inclusion
502-852-7159
hscodi@louisville.edu

MEDICAL SCHOOL INFORMATION	DENTAL SCHOOL INFORMATION
www.louisville.edu./medschool/admissions	www.dental.louisville.edu

The MCAT-DAT Review Summer Workshop is sponsored by the Kentucky Council on Postsecondary Education in cooperation with the University of Louisville, the University of Kentucky, and University of Pikeville Kentucky College of Osteopathic Medicine.

Please keep these two pages for your information and only return the actual application

THANK YOU!

Kentucky Residents
UNIVERSITY OF LOUISVILLE
 2016 MCAT-DAT Summer Workshop Application
 (PLEASE TYPE OR PRINT LEGIBLY)

PERSONAL INFORMATION

Mr. Ms. Mrs. _____
 (Check one) First Middle Last Preferred Name

Home Address _____
 Street/Route/Post Office Box City State Zip

County of Residence: _____ Social Security #: _____

High School Attended: _____ County Location of High School Attended: _____

Home Phone: () _____ Your Cell Phone #: () _____

***E-mail Address (all communications regarding the workshop will be sent via email):** _____

Date of Birth: ____/____/____ (Month/Day/Year) Gender: _____

Which category best describes your race (check all that apply): African American/Black Asian or Pacific Islander

White Native American/Alaskan Native Other (most appropriate racial/ethnic description) _____

Are you Hispanic or Latino? Yes No

Are you a U.S Citizen? Yes No

Are you a Permanent Resident? Yes No

COLLEGE INFORMATION

College/University Name City, State, County	Dates attended (i.e. Fall '12 -Spring '16)	Degree Status
1.		<input type="checkbox"/> Check if degree received. Year Received: Degree Received (i.e. B.S.):
2.		<input type="checkbox"/> Check if degree received. Year Received: Degree Received (i.e. B.S.):
3.		<input type="checkbox"/> Check if degree received. Year Received: Degree Received (i.e. B.S.):

<p>Indicate your major(s):</p> <p><i>College Classification as of Fall 2015 (Check one)</i></p> <p><input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior</p> <p><input type="checkbox"/> Other, please specify below: <input style="width: 100%;" type="text"/></p>	<p>Indicate your minor(s):</p> <p>Cumulative grade point average. <input style="width: 50px;" type="text"/></p> <p>Cumulative science grade point average. <input style="width: 50px;" type="text"/></p> <p><i>GPA should be based on a 4.0 scale. Science GPA includes all biology, chemistry, physics, and math course work. This number should be for all courses for which you received college credit (include all institutions). You must include repeated courses with the original grade into this calculation. Failure to accurately report GPA will result in withdrawal of the application.</i></p>
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If not included on your submitted transcript, please list all courses you are taking (or intend to take) for Fall 2015/Spring 2016 below:

Fall 2015

Spring 2016

SPECIAL CIRCUMSTANCES: Please explain any special circumstances you would like to be known in considering you for MCAT-DAT Review (i.e., illness, disability, personal or family circumstances). Please provide a separate sheet of paper

HEALTH CAREER INTEREST

Medicine, please indicate specialty area(s) of interest (i.e., pediatrics) _____
Have you taken the MCAT? Yes No If so, how many times? 1 2 3+
Most recent date taken: _____ Indicate your scores: Foundations of Biological Systems [] CARS []
Foundations of Living Systems [] Foundations of Behavior [] Composite Score: []
When do you plan to take or retake the MCAT? (i.e., August 2016) _____
Will you be applying for the entering 2017 medical school class? Yes No Undecided

Dentistry, please indicate specialty area(s) of interest (i.e., orthodontics) _____
Have you taken the DAT? Yes No If so, how many times? 1 2 3+
Most recent date taken: _____ Indicate your scores: Academic Average [] PAT []
When do you plan to take or retake the DAT? (i.e., August 2016) _____
Will you be applying for the entering 2017 dental school class? Yes No Undecided

Please check any of the college summer enrichment programs below that you have attended (if any):

PEPP Pre-college Summer Workshop: U of L Site UK Site Pikeville Site Year attended _____
 Summer Medical Dental Education Program: U of L Site Other Site _____ Year attended _____
 MCAT-DAT Preparation Program (i.e., Kaplan, Princeton Review): _____ Year attended _____
 Other Summer Health Career Program: _____ Year attended _____

FAMILY AND FINANCIAL INFORMATION

Mother's/ Guardian's Name Occupation Education Level

Father's/ Guardian's Name Occupation Education Level

Were you listed as a dependent on your family's 2014 tax returns?

Yes 2014 FAMILY ANNUAL TAXABLE INCOME (After all Allowable Deductions): _____
 No, I filed independently 2014 ANNUAL TAXABLE INCOME (After all Allowable Deductions): _____

PARTICIPATION IN MCAT-DAT REVIEW IS FREE, WITH THE FOLLOWING EXCEPTION (SEE BELOW):

****IMPORTANT****

Pursuant to the requirements of the 1990 Kentucky General Assembly, students from families having a taxable income of \$75,000 or more as reported on their parent's most recent income tax returns will be required to pay \$1,500 towards the cost of participating in the program.

FEE WAIVER REQUEST

If the applicant's family feels that payment of the \$1500 fee would present a financial hardship, a request for a WAIVER of this \$1,500 fee will be considered. Requests for a fee waiver should be submitted along with the MCAT-DAT Review application. Requests must include a letter of explanation and documentation of any circumstances you wish to present for consideration. **All selected applicants who submitted a fee waiver requests will be kept confidential.** Requests must include an explanation of circumstances you wish to present for consideration.

THE APPLICANT MUST SIGN ONE OF THE FOLLOWING STATEMENTS

- I certify that the taxable income as reported on my family's most recent IRS Form 1040 (calendar year 2014) **does not** equal to or exceed \$75,000.

Student's Signature

Date Signed

- I certify that the taxable income as reported on my family's most recent IRS Form 1040 (calendar year 2014) **is** equal to or exceeds \$75,000, and I understand that the participant is required to pay \$1,500 towards the cost of the program.

Please check one of the following: I need to request a fee waiver

I do not need to request a fee waiver

Student's Signature

Date Signed

THE APPLICANT MUST SIGN BELOW TO CONFIRM INFORMATION

By my signature below, I hereby certify that the information provided on this application and in my personal statement is true and accurate to the best of my knowledge. I understand that any revealed falsification will result in the withdrawal of my application.

Student's Signature

Date Signed