

NON-KENTUCKY RESIDENTS
MCAT Review Summer Workshop
UNIVERSITY OF LOUISVILLE
Tuesday May 29 – Wednesday June 27, 2012

PROGRAM DESCRIPTION AND PURPOSE

The MCAT Review Summer Workshop is a residential academic enrichment program designed to prepare pre-medical students for the Medical College Admission Test. In addition, this program enhances student preparation for the medical school application process.

Students will:

- Attend daily lectures presented by instructors covering the sciences, verbal and quantitative reasoning aspects of the exam
- Participate in team-based study sessions
- Complete several full-length practice exams to assess progress
- Be advised on the admissions process, writing the personal statement, and preparing for the interview
- Attend clinical observations at University Hospital, private medical practices and other health care facilities

COST AND RESPONSIBILITIES OF PARTICIPANTS

Housing, transportation and educational materials are provided at **no charge**. 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 during the program due to our intensive schedule.**

ELIGIBILITY

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
<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

PREFERENCE IS GIVEN TO THE FOLLOWING QUALIFIED APPLICANTS:

- An applicant from an ethnic or racial group underrepresented in medicine (see below)
- Students coming from an economically or educationally disadvantaged background
- SMDEP alumni
- Students who are planning to take their exam in 2012

*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.*

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 1, 2012**.

1. **Personal Statement**- The Personal Statement is an essay where you describe yourself, explain why you want to become a physician, detail what you have done to prepare for medical school, and state why you are interested in participating in the MCAT 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 a pre-health advisor, science faculty/instructor, or pre-health club sponsor/advisor**- The Letter of Recommendation must be confidential and sealed and signed by the advisor/instructor on the seal of the envelope. This letter should include an assessment of the applicant's 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. Overall, it should clearly state why you would be a good candidate for the program.
3. **MCAT Review Paper Application**- Complete all sections.
4. **All college transcripts**- through Fall 2011.
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 November 1, 2011. **Students are encouraged to apply early, as admission operates on a rolling basis**. Applicants will be notified of their status by April 1, 2012. 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 1, 2012

Late or incomplete applications will not be considered

PLEASE MAIL ALL APPLICATION MATERIALS TO:

University of Louisville School of Medicine
Office of Minority & Rural Affairs
Abell Administration Building, Room 502
323 E. Chestnut St., Louisville Kentucky 40202
Attn: MCAT-DAT Review Summer Workshop

QUESTIONS?

Contact Katie Leslie, Program Coordinator Sr.
U of L School of Medicine, Office of Minority & Rural Affairs
502-852-8109
klfarm02@louisville.edu

MEDICAL SCHOOL INFORMATION

www.louisville.edu./medschool/admissions
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Please keep these two pages for your information and only return the actual application

THANK YOU!

UNIVERSITY OF LOUISVILLE
NON-KENTUCKY RESIDENTS
2012 MCAT 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

State of Residence _____ Social Security # _____

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

Alternate Phone#: () _____ E-mail Address: _____
(that you check regularly)

Date of Birth: ____/____/____ (Month/Day/Year) Male Female Single Married

Racial/Ethnic Self-Description: African American/Black Asian or Pacific Islander Caucasian Hispanic Native American/Alaskan Native
 Other (most appropriate racial/ethnic description) _____

Are you a U.S Citizen? Yes No

Are you a Permanent Resident? Yes No

Preferred Mailing Address: Same as Home Address (listed above) Other (please list below)

 Street/Route/Post Office Box City State Zip

COLLEGE INFORMATION

College/University Name City, State, County	Dates attended (i.e., Fall '09- Spring '11)	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.):

Indicate your major(s):	Indicate your minor(s):
College Classification as of Fall 2011 (Check one) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other, please specify below: _____	Cumulative grade point average as of fall 2011. <input type="text"/> Cumulative science grade point average as of fall 2011. <input type="text"/> GPA should be based on a 4.0 scale. Science GPA includes all biology, chemistry, physics and math course work.

If not included on your submitted transcript, please list all courses you are taking (or intend to take) for Fall 2011/Spring 2012 below:

Fall 2011

Spring 2012

HEALTH CAREER PATHWAY

Please check your health career interest below:

Medicine, please indicate specialty area(s) of interest (i.e., surgery) _____

Have you taken the MCAT? Yes No If so, how many times? 1 2 3+

Most recent date taken: _____

Indicate your scores: P.S. [] V.R. [] B.S. [] Composite Score: []

Writing Sample (circle): J K L M N O P Q R S T

When do you plan to take or retake the MCAT? (i.e., August 2012) _____

Will you be applying for the entering 2013 medical school class? Yes No Undecided

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

Summer Medical Dental Education Program: U of L Site Other Site _____ Year attended _____

Other MCAT Preparation Program (i.e., Kaplan, Princeton Review): _____ Year attended _____

Other Summer Enrichment Program (Please List): _____

Location _____ Year attended _____

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

FAMILY AND FINANCIAL INFORMATION

Parent(s) or Guardian(s) Name(s): _____

Address _____ Phone # _____
Street/Route/Post Office Box City State Zip

Mother's/ Guardian's Occupation _____ Mother's/Guardian's Work Phone # _____

Mother's/ Guardian's Education Level: No Diploma GED/H.S. Diploma Associates Bachelors Masters Doctorate

Father's/ Guardian's Occupation _____ Father's/Legal Guardian's Work Phone# _____

Father's/ Guardian's Education Level: No Diploma GED/H.S. Diploma Associates Bachelors Masters Doctorate

How many dependents living at home (including applicant)? _____ How many dependents in/going to college (including applicant)? _____

Are you listed as a dependent on your parent/guardian's taxes (for calendar year 2010)? Yes No

Family annual taxable income (for calendar year 2010): _____

Are you currently receiving financial aid? Yes No Are you currently on athletic or academic scholarship? Yes No

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 _____