

# NON-KENTUCKY RESIDENTS

MCAT Review Summer Workshop  
UNIVERSITY OF LOUISVILLE  
Sunday, May 31 – Friday, June 26, 2015

---

## 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 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 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 schedule.**

## ELIGIBILITY

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

## 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 2015

*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](http://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, 2015.

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. 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 2014.
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, 2014. Students are encouraged to apply early, as admission operates on a rolling basis. Applicants will be notified of their status by April 1, 2015. A limited number of alternates will also be selected and possibly be invited to participate as late as mid-May.

***All application materials must be RECEIVED by March 1, 2015***  
Late or incomplete applications will not be considered

### PLEASE MAIL ALL APPLICATION MATERIALS TO:

University of Louisville Health Science 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  
[specprog@louisville.edu](mailto:specprog@louisville.edu)

<b>MEDICAL SCHOOL INFORMATION</b> <a href="http://www.louisville.edu./medschool/admissions">www.louisville.edu./medschool/admissions</a>	<b>DENTAL SCHOOL INFORMATION</b> <a href="http://www.dental.louisville.edu">www.dental.louisville.edu</a>
---	--

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!**

**UNIVERSITY OF LOUISVILLE**  
**NON-KENTUCKY RESIDENTS**  
**2015 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 #: \_\_\_\_\_

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 '14)	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><b>Indicate your major(s):</b></p> <p><i>College Classification as of Fall 2014 (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><b>Indicate your minor(s):</b></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>
--	---

If not included on your submitted transcript, please list all courses you are taking (or intend to take) for Fall 2014/Spring 2015 below:

Fall 2014

\_\_\_\_\_

\_\_\_\_\_

Spring 2015

\_\_\_\_\_

\_\_\_\_\_

## 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: [ ]

When do you plan to take or retake the MCAT? (i.e., August 2015) \_\_\_\_\_

Will you be applying for the entering 2016 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 a listed as a dependent on your parent/guardian's taxes (for calendar year 2013)?  Yes  No

Family annual taxable income (for calendar year 2013): \_\_\_\_\_

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 \_\_\_\_\_