



**MISSISSIPPI ACCESS FOR RURAL CARE (MARC)
MARC-MEDICAL ENRICHMENT AND DEVELOPMENT (MMED)
APPLICATION FORM**

INSTRUCTIONS: Application Deadline must be post marked by March 4, 2005.

- **Complete ALL sections of this application, including financial information.** All letters of recommendation must be received by the due date to complete your application. Incomplete applications will not be reviewed for participation.
- **Transcripts**—Contact your College/University registrar to send you an official transcript to the address listed below. Transcripts should be issued from all colleges/universities attended.
- **Letters of Recommendation**—Request two persons familiar with your academic work in the sciences (or members of your premedical advisory committee) to submit a letter of recommendation to this office. It is your responsibility to make certain that your transcripts and letters of reference have been sent in by the deadline dates listed above. **Mail your application and supplementary material to:**

**MARC-Medical Enrichment and Development (MMED)
6400 Lakeover Road, Suite B
Jackson, MS 39213
Telephone (601) 981-7211 Fax (601) 982-7215**

PERSONAL INFORMATION

1. Name: _____ 2. S.S. # _____
Last First Middle

3. Current Mailing Address:

Street City County State Zip Code
() _____
Telephone Number **Email:** _____

4. Legal Residence/Address:

Street Telephone Number

City County State Zip Code

5. Sex: F__ M__ 6. Age: _____ 7. Date of Birth: ____/____/____

8. Are you a U.S. Citizen? ____Yes ____No

9. How do you describe yourself? Check those that apply:
- A. African American
 - B. Asia/Pacific Islander
 - C. Native American/American Indian
 - D. Caucasian
 - E. Hispanic
 - G. Other/Specify: _____

10. Do you consider yourself economically disadvantaged? Yes No
- A. If yes, how much is your family income per year? _____
 - B. If yes, how many people are in your household? _____

11. Have you ever participated in a Medical Enrichment Program?
- Yes No If yes, what year/s and where? _____

FAMILY INFORMATION

12. Father or Guardian: _____

Last Name	First Name	Middle Initial
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Street Address	City	State	Zip Code	Phone
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13. Occupation: _____ 14. Alive: or Deceased:

15. Highest level of education completed: _____

16. Mother or Guardian: _____

Last Name	First Name	Maiden Name or	Middle Initial
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Street Address	City	State	Zip Code	Phone
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17. Occupation: _____ 18. Alive: or Deceased:

19. Highest level of education completed: _____

20. Siblings: # Male # Female

21. Ages of Brothers: _____ 22. Ages of Sisters: _____

23. Your Marital Status: _____ 24. Ages of Dependents: _____

EDUCATION

25. High School (s) Attended:

Name	City/State	Date(s)
_____	_____	_____
_____	_____	_____

26. Curriculum type: (check all that are appropriate)

- Bilingual
- College Preparatory
- General
- Honors
- Vocational

27. ACT/SAT Verbal/English Scores	Math Scores	Total Scores	Date
ACT _____	_____	_____	_____
SAT _____	_____	_____	_____

28. What honors, prizes or scholarships did you received while in high school?

29. What extracurricular activities were you involved in high school (including community and church)?

30. High School grade point average: Overall _____ Science/Math(if available) _____

31. Class Rank: _____ out of _____

32. Colleges/Universities attended

Name	City/State	Dates	Major	Degree
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

33. Classification:

- Freshmen Senior
- Sophomore Graduate
- Junior Other: Specify _____

34. College GPA– Overall _____ Science and Math(if available) _____

35. Expected Date of Graduation: _____

36. List the science courses you will have completed by May of this college academic year.

Course	Date	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

37. List academic honors, prizes or scholarships you have received in college:

38. List your extra-curricular activities during your college years (including community and church):

39. List jobs you have held in the past three (3) years:

Job	Employer	Dates of Employment	Hours/Weeks
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

40. How did you learn of this program: ___ faculty advisor/ ___ a friend/ ___ a former program participant/ ___ pre-med club or society/ ___ poster or pamphlet describing the program/ ___ program representative visiting my college/ ___ other (explain) _____

41. Please check your health career interest.

___ Medicine ___ Dentistry ___ Nursing ___ Nutrition ___ Social Work
 ___ Other, explain _____

FINANCIAL INFORMATION

42. Adjusted Gross Income for Current Year (Indicate Parental or Self Supporting Income)

- | | |
|--------------------------|------------------------------|
| ___ Under \$3,999 | Parental Income _____ |
| ___ \$4,000 to \$6,000 | Self-Supporting Income _____ |
| ___ \$6,000 to \$7,400 | |
| ___ \$7,500 to \$9,500 | |
| ___ \$9,600 to \$11,300 | |
| ___ \$11,400 to \$14,400 | |
| ___ \$14,500 to \$17,100 | |
| ___ \$17,200 to \$19,200 | |
| ___ \$19,300 to \$25,000 | |
| ___ Over \$25,000 | |

RECOMMENDATIONS

43. Give the names, positions and addresses of the two persons whom you have asked to write letters of recommendations.

Name _____ Position _____

Address _____

Name _____ Position _____

Address _____

PERSONAL STATEMENT

44. In a typed personal statement, discuss your tentative career plans and how you became interested in providing primary health care services to Mississippi residents. Also, list the skills and experiences that you hope to gain from this program (Maximum 1 Page)

Applicant

Date