



THE FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE

To: FSU Honors Medical Scholars Program Applicants

The Honors Medical Scholars (HMS) program recruits students interested in medicine who demonstrate a high level of academic ability, a heart for service, and a sincere concern for vulnerable populations through volunteering. The program develops resilient and adaptable scholars, equipped with the knowledge, skills, and compassion to become medical students who reflect the values and mission of the College of Medicine with goals of becoming personally fulfilled interdependent, socially responsible individuals.

To qualify for consideration, you must

- 1) Apply to the FSU Honors Program by **January 27, 2016 and be accepted in early February.**
- 2) Complete the HMS Program Application and send Letters of Recommendation by **February 15, 2016.**
  - a) **We encourage you to apply to HMS before the deadline** to avoid a late application.  
**You may apply to HMS when you apply to the Honors Program.**
  - b) Formal review of your HMS Program application occurs after you have been accepted to the FSU Honors Program in February.
  - c) HMS Program application and all Letters of Recommendation must be postmarked by **February 15, 2016.**
- 3) Complete an interview with the HMS program in **March 2016.**
  - a) Interviews are by invitation only.
  - b) Candidates will be notified of their interview in late February.

**Your complete application packet and letters of recommendation must be POSTMARKED by February 15, 2016 and sent to:**

Honor Medical Scholars Program Office  
The Florida State University  
College of Medicine  
1115 West Call Street, MSB 3180  
Tallahassee, FL 32306-4300

Forms included in this application packet:

Biographical Questionnaire  
Family Information  
Future Undergraduate Plans  
Future Career Information  
Self-Critical Analysis  
Student Profile  
Letters of Recommendation Form

**Letters of Recommendation:**

In order to be considered for the Honors Medical Scholars Program, applicants must identify and direct THREE individuals to write letters of recommendation. Applicants must follow the instructions on the Letter of Recommendation Form which is at the end of this application packet.

**Letters of recommendation must be POSTMARKED by February 15, 2016 at the following address:**

Honors Medical Scholars Program  
The Florida State University College of Medicine  
1115 West Call Street, MSB 3180  
Tallahassee, FL 32306-4300

Applicants are responsible for ensuring that all letters have been received by the deadline. Applications will be considered incomplete if missing any letters of recommendation.

**Additional Information to note:**Questions?:

Please send an e-mail to [Honors.Medical@med.fsu.edu](mailto:Honors.Medical@med.fsu.edu) if you have questions about the application.

FSU Housing:

Acceptance to the Honors Medical Scholars Program does NOT guarantee on-campus Honors housing. Please sign below stating that you understand that this program does not guarantee Honors housing or any other on-campus housing. Students wishing to live on-campus must submit a separate Housing application to the University Housing Office. Housing applications should be submitted as soon as possible as housing is assigned on a first come, first served basis. Contact University Housing for more information: (850) 644-2860, [www.housing.fsu.edu](http://www.housing.fsu.edu).

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Applicant Name (Printed)

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Signature

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Date

**THE FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE  
HONORS MEDICAL SCHOLARS PROGRAM APPLICATION**

**BIOGRAPHICAL QUESTIONNAIRE**

1. Today's Date: \_\_\_\_\_  
Month Day Year
2. Name: \_\_\_\_\_  
Last First Middle Nickname
3. Date of Birth: \_\_\_\_\_  
Month Day Year
4. Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female
5. Self-Description:  
☐ White-Non Hispanic ☐ Hispanic  
☐ Black-Non Hispanic ☐ Native American  
☐ Native American ☐ Other: \_\_\_\_\_
6. Birthplace: \_\_\_\_\_  
City State Country
7. Home Address: \_\_\_\_\_  
Number Street Apt. # City State Zip
- Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_
8. E-mail Address: \_\_\_\_\_ (for receiving program information)
9. Are you a legal resident of Florida? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, which Florida County? \_\_\_\_\_  
If No, which State or Country of residence? \_\_\_\_\_
10. Country of Citizenship: \_\_\_\_\_  
If a Foreign Citizen, how long have you lived in the USA? \_\_\_\_\_  
Are you a Permanent Resident of the USA? \_\_\_\_\_
11. Name of your High School: \_\_\_\_\_  
Year of Graduation: \_\_\_\_\_  
High School Location: \_\_\_\_\_  
City State County  
How many students are in your graduating class? \_\_\_\_\_  
Please provide your Guidance Counselor's Name and E-mail address:  
\_\_\_\_\_

12. Test Scores

SAT: \_\_\_\_\_ Date Taken: \_\_\_\_\_ Did Not Take: ☐  
Total Reading Math Writing

ACT: \_\_\_\_\_ Date Taken: \_\_\_\_\_ Did Not Take: ☐

Unweighted High School GPA: \_\_\_\_\_

13. Have you been involved in the SSTRIDE Program at FSU? \_\_\_\_\_

14. Have you attended the FSU Summer Institute? \_\_\_\_\_

15. Please list all college course credits you will have earned prior to matriculation to FSU.  
Include all AP, dual enrollment, IB or other earned credit. Attach additional pages if needed.

Course: \_\_\_\_\_ Credit Earned \_\_\_\_\_ ☐ I plan to repeat this course in college

Course: \_\_\_\_\_ Credit Earned \_\_\_\_\_ ☐ I plan to repeat this course in college

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Course: \_\_\_\_\_ Credit Earned \_\_\_\_\_ ☐ I plan to repeat this course in college

Course: \_\_\_\_\_ Credit Earned \_\_\_\_\_ ☐ I plan to repeat this course in college

If more space is needed, please include an additional sheet.

## FAMILY INFORMATION

16. Father's Name: \_\_\_\_\_

Last

First

Is Father Living? ☐ Yes ☐ No If Father is deceased, go to number 18

Is Father's address the same as your home address? ☐ Yes ☐ No

If Yes, go to number 17

Father's Address: \_\_\_\_\_

Number

Street

Apt. #

City

State

Zip

Father's Phone Number: \_\_\_\_\_

17. Father's Occupation: \_\_\_\_\_

Father's Highest Level of Education: \_\_\_\_\_ (Use Code Number From Below)

1. Grammar School
2. Middle School
3. High School
4. Junior College (Non-Grad)
5. Junior College (Grad)
6. 4 Year College (Non-Grad)
7. 4 Year College (Grad)

8. Some Graduate School (But No Adv. Degree)
9. Master's Degree
10. Doctorate (Ph.D.)
11. Veterinarian
12. Dentist (DMD or DDS)
13. Physician (MD)
14. Other Advanced Degree (Beyond Bachelor's)

18. Mother's Name: \_\_\_\_\_

Last

First

Is Mother Living? ☐ Yes ☐ No If Mother is deceased, go to number 20

Is Mother's address the same as your home address? ☐ Yes ☐ No

If Yes, go to number 19

Mother's Address: \_\_\_\_\_

Number

Street

Apt. #

City

State

Zip

Mother's Phone Number: \_\_\_\_\_

19. Mother's Occupation: \_\_\_\_\_

Mother's Highest Level of Education: \_\_\_\_\_ (Use Code Number From Below)

1. Grammar School
2. Middle School
3. High School
4. Junior College (Non-Grad)
5. Junior College (Grad)
6. 4 Year College (Non-Grad)
7. 4 Year College (Grad)

8. Some Graduate School (But No Adv. Degree)
9. Master's Degree
10. Doctorate (Ph.D.)
11. Veterinarian
12. Dentist (DMD or DDS)
13. Physician (MD)
14. Other Advanced Degree (Beyond Bachelor's)

20. I am the \_\_\_\_\_ of \_\_\_\_\_ children in my family.  
(1<sup>st</sup>, 2<sup>nd</sup>, etc.)

21. Which of the following describes the community in which you live?

- |   |  |
|---|--|
| <input type="checkbox"/> Large Metro Area (pop>100,000)   | <input type="checkbox"/> Inner City                      |
| <input type="checkbox"/> Small City (pop. 50,000-100,000) | <input type="checkbox"/> Large Town (pop. 10,000-50,000) |
| <input type="checkbox"/> Small Town (pop. < 10,000)       | <input type="checkbox"/> Rural Area                      |
| <input type="checkbox"/> Other City Area                  | <input type="checkbox"/> Suburb                          |

22. Do you consider yourself to be disadvantaged? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **FUTURE UNDERGRADATE PLANS**

In order to provide the best and most individualized advising for students, please respond to the following questions to the best of your ability. We understand that plans are subject to change. Knowing this information in advance will help us to advise and mentor students while at FSU.

23. How many years do you plan to spend in your undergraduate education for your bachelor's degree?

\_\_\_\_\_ years

24. Are you interested in pledging in any fraternity or sorority while at FSU?

- ☐ Yes
- ☐ No
- ☐ Undecided, but likely
- ☐ Undecided, but not likely

25. Are you interested in participating in research as an undergraduate? If so, which of the following areas are of interest?

- |   |   |
|---|---|
| <input type="checkbox"/> Biology            | <input type="checkbox"/> Public policy, public health             |
| <input type="checkbox"/> Biomedical science | <input type="checkbox"/> Psychology                               |
| <input type="checkbox"/> Physics            | <input type="checkbox"/> Geriatrics                               |
| <input type="checkbox"/> Neuroscience       | <input type="checkbox"/> Rural health                             |
| <input type="checkbox"/> Cell biology       | <input type="checkbox"/> Other area _____                         |
| <input type="checkbox"/> Chemistry          | <input type="checkbox"/> Undecided, but likely to participate     |
| <input type="checkbox"/> Medical humanities | <input type="checkbox"/> Undecided, but not likely to participate |

### FUTURE CAREER INFORMATION

26. At what age did you think that you wanted to be a physician?  
☐ Before age 10   ☐ Between 10&13   ☐ Between 14&17   ☐ Age 18 or older
27. In this space, briefly describe why you want to become a physician.  
Limit: 150 words. **Please type in box** (*use separate sheet if you need more space*).

28. Identify **3** areas in Medicine that interest you, place an “X” by the areas of interest:

- |   |  |
|---|--|
| <input type="checkbox"/> Anesthesiology       | <input type="checkbox"/> Neurology             |
| <input type="checkbox"/> Dermatology          | <input type="checkbox"/> Obstetrics-Gynecology |
| <input type="checkbox"/> Diagnostic Radiology | <input type="checkbox"/> Ophthalmology         |
| <input type="checkbox"/> Emergency Medicine   | <input type="checkbox"/> Orthopedic Surgery    |
| <input type="checkbox"/> Family Medicine      | <input type="checkbox"/> Otolaryngology        |
| <input type="checkbox"/> General Surgery      | <input type="checkbox"/> Pathology             |
| <input type="checkbox"/> Internal Medicine    | <input type="checkbox"/> Pediatrics            |
| <input type="checkbox"/> Neurological Surgery | <input type="checkbox"/> Plastic Surgery       |
| <input type="checkbox"/> Psychiatry           | <input type="checkbox"/> Radiation Oncology    |
| <input type="checkbox"/> Urology              |  |

29. In this space, briefly explain your choice about the type of medical career you are considering.  
Limit: 150 words. **Please type in box** (*use separate sheet if you need more space*).

30. Which of the following best describes the community in which you would like to practice?

- |   |  |
|---|--|
| <input type="checkbox"/> Large Metro Area (pop>100,000)   | <input type="checkbox"/> Inner City                      |
| <input type="checkbox"/> Small City (pop. 50,000-100,000) | <input type="checkbox"/> Large Town (pop. 10,000-50,000) |
| <input type="checkbox"/> Small Town (pop. < 10,000)       | <input type="checkbox"/> Rural Area                      |
| <input type="checkbox"/> Other City Area                  | <input type="checkbox"/> Suburb                          |



31. In this space, briefly explain why you would like to practice in this size community.  
Limit: 150 words. **Please type in box** (*use separate sheet if you need more space*).

32. What other careers have you considered? Why?

Limit: 150 words. **Please type in box** (*use separate sheet if you need more space*).

### **SELF CRITICAL ANALYSIS**

In the space below, write a critical analysis of your personal and scholastic qualifications; what motivates you and what sets you apart from other applicants who plan to study Medicine and become a physician. Essay is limited to one page.

## STUDENT PROFILE

Please provide the following information in the order recommended below.

For each of your work and volunteer experiences, please provide the following information:  
Experience type, description, contact name and title, organization name, location (city and state), dates of involvement, and hours per week. You may use separate sheet if you need more space.

### I. Work Experience- - Health Related

### II. Work Experience- - Non-Health Related

### III. Please list your 3 most meaningful health related volunteer experiences.

IV. Please list your 3 most meaningful volunteer experiences, not health related.

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V. Please list your 3 most meaningful extracurricular activities.

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VI. Please list your top 5 or most meaningful honors and recognition received during high school.

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VII. Describe what you do for fun and diversions.

VIII. Miscellaneous (Add anything that would help us get to know you a little better)

IX. Describe your family

I certify that the information given on this application is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Name (Printed)

## LETTERS OF RECOMMENDATION FORM

**Applicant Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

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In the space below, please identify two teachers and one personal reference writing the letters of recommendation on your behalf. A guidance counselor is NOT considered a teacher BUT may serve as a personal reference.

Letters of recommendation should be mailed to:

Honor Scholars Program Office  
The Florida State University  
College of Medicine  
1115 West Call Street, MSB 3180  
Tallahassee, FL 32306-4300

### **Teacher #1**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Teacher #2**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Personal Reference**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

## APPLICATION CHECKLIST

Your application will not be evaluated until you have been admitted to The Florida State University and the Honors Program and your completed application and letters are received by the College of Medicine Honors Medical Scholar Program Office.

Please review your application for completeness.

- ☐ Signature to acknowledge housing statement
- ☐ Biographical Questionnaire
- ☐ Family Information
- ☐ Future Undergraduate Plans
- ☐ Future Career Information
- ☐ Self-Critical Analysis
- ☐ Student Profile
- ☐ Signature to certify application
- ☐ Letters of Recommendation Form

Applicants are responsible for ensuring that letters of recommendation are received by the deadline.

**Your complete application packet and letters of recommendation must be POSTMARKED by February 15, 2016 and sent to:**

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*Thank you for applying to FSU and the Honors Medical Scholars Program!*