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 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.

________________________________________
Applicant Name (Printed)

________________________________________
Signature         Date
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

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   Course: ____________________    Credit Earned_______          ☐ I plan to repeat this course in college

   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  8. Some Graduate School (But No Adv. Degree)
2. Middle School   9. Master’s Degree
3. High School     10. Doctorate (Ph.D.)
4. Junior College (Non-Grad) 11. Veterinarian
5. Junior College (Grad) 12. Dentist (DMD or DDS)
6. 4 Year College (Non-Grad) 13. Physician (MD)
7. 4 Year College (Grad) 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  8. Some Graduate School (But No Adv. Degree)
2. Middle School   9. Master’s Degree
3. High School     10. Doctorate (Ph.D.)
4. Junior College (Non-Grad) 11. Veterinarian
5. Junior College (Grad) 12. Dentist (DMD or DDS)
6. 4 Year College (Non-Grad) 13. Physician (MD)
7. 4 Year College (Grad) 14. Other Advanced Degree (Beyond Bachelor’s)

20. I am the ________ of __________ children in my family.

(1st, 2nd, etc.)
21. Which of the following describes the community in which you live?

- [ ] Large Metro Area (pop>100,000)
- [ ] Inner City
- [ ] Small City (pop. 50,000-100,000)
- [ ] Large Town (pop. 10,000-50,000)
- [ ] Small Town (pop. < 10,000)
- [ ] Rural Area
- [ ] Other City Area
- [ ] Suburb

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

FUTURE UNDERGRADUATE 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?

- [ ] Biology
- [ ] Biomedical science
- [ ] Physics
- [ ] Neuroscience
- [ ] Cell biology
- [ ] Chemistry
- [ ] Medical humanities
- [ ] Public policy, public health
- [ ] Psychology
- [ ] Geriatrics
- [ ] Rural health
- [ ] Other area
- [ ] Undecided, but likely to participate
- [ ] 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:

   - [ ] Anesthesiology
   - [ ] Dermatology
   - [ ] Diagnostic Radiology
   - [ ] Emergency Medicine
   - [ ] Family Medicine
   - [ ] General Surgery
   - [ ] Internal Medicine
   - [ ] Neurological Surgery
   - [ ] Psychiatry
   - [ ] Urology
   - [ ] Neurology
   - [ ] Obstetrics-Gynecology
   - [ ] Ophthalmology
   - [ ] Orthopedic Surgery
   - [ ] Otolaryngology
   - [ ] Pathology
   - [ ] Pediatrics
   - [ ] Plastic Surgery
   - [ ] Radiation Oncology
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?

- [ ] Large Metro Area (pop>100,000)
- [ ] Inner City
- [ ] Small City (pop. 50,000-100,000)
- [ ] Large Town (pop. 10,000-50,000)
- [ ] Small Town (pop. < 10,000)
- [ ] Rural Area
- [ ] Other City Area
- [ ] 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.

V. Please list your 3 most meaningful extracurricular activities.

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

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.

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