

FLORIDA STATE UNIVERSITY

# FSU College of Medicine Honors Medical Scholars Program Application

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## I. Biographical Questionnaire

Dear Applicant,

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.

Eligibility for the Honors Medical Scholars program is limited to graduating high school students who have been offered 1) first-time in college freshman admission to Florida State University AND 2) acceptance to the FSU Honors Program by late February. You may apply to HMS when you apply to the Honors Program.

In order to be considered for the Honors Medical Scholars Program, you will need to:

- Submit this online application by **2/17/17** midnight EST.
- Send 3 letters of recommendation via hard copy by mail or electronically by email
  - Hardcopy by mail: Postmarked by **2/17/17**

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

- By Email: Sent by **2/17/17** midnight EST

- Address: [honors.medical@med.fsu.edu](mailto:honors.medical@med.fsu.edu)
- Subject: Letters of Recommendation for YOUR NAME

Applications will not be evaluated until acceptance to the FSU Honors Program is verified. All HMS application materials and letters of recommendation must be completed and received by the College of Medicine Honors Medical Scholars Program Office by the published deadlines.

The Honors Medical Scholars application includes 7 sections:

- I. Biographical Questionnaire
- II. Family Information
- III. Future Undergraduate Plans
- IV. Future Career Information
- V. Self-Critical Analysis
- VI. Student Profile
- VII. Instructions for submitting Letters of Recommendation

Applicants must be accepted to the FSU Honors Program in late February to be considered for Honors Medical Scholars.

**DO NOT PROCEED WITH THE HONORS MEDICAL SCHOLARS APPLICATION UNTIL YOU HAVE APPLIED TO THE FSU HONORS PROGRAM**

## I. Biographical Questionnaire

Name

First Name

Last Name

Date of Birth (mm/dd/yyyy)

Sex

Male

Female

### Self-Description

- White-Non Hispanic
- Black-Non Hispanic
- Native American

- Hispanic
- Asian
- Other

### Birthplace

City

State

Country

### Home Address

Street

City

State

Zip

### Phone

Home Phone

Cell Phone

Email Address (for receiving program information)

Are you a legal resident of Florida?

Yes

No

If yes, which Florida County?

If no, which State or Country of residence?

### Citizenship

Country of Citizenship

Are you a Permanent Resident of the USA?

If a Foreign Citizen, how long have you lived in the USA?

### High School

Name of High School

Year of Graduation

City

State

Country

How many student in your graduating class?

Guidance Counselor's Name

Guidance Counselor's Email

SAT, if taken. Enter "n/a" if you have not taken.

Total

Reading

Math

Writing

Date Taken

ACT, if taken. Enter "n/a" if you have not taken.

Score

Date Taken

Unweighted High School GPA

If you have you been involved in a SSTRIDE Program, please list the year attended and location.

Year attended

Location

If you attended the FSU Summer Institute, please list the year, school and county.

Year

School

County

Will you earn any course credit such as AP, dual enrollment, or IB prior to matriculating into FSU?

Yes

No

Approximately how many total credit hours do you expect to earn?

List the courses which you expect to earn credit for but DO NOT plan to repeat in college. Include all AP, dual enrollment, IB or other earned credit.

Course	Course Name	Credit Earned		
		1 hr	2 hr	3 hr
	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Course Name	Credit Earned		
		1 hr	2 hr	3 hr
Course	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Course	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## II. Family Information

### Father

First Name

Last Name

Is your father living?

Yes

No

Is your father's address the same as your home address?

Yes

No

### Father's Contact Information

Street

City

State

Zip

Phone number

Father's Occupation

Father's Highest Level of Education

- Grammar School
- Middle School
- High School
- Junior College (Non-Grad)
- Junior College (Grad)
- 4 Year College (Non-Grad)
- 4 Year College (Grad)
- Some Graduate School (But No Adv. Degree)
- Master's Degree
- Doctorate (Ph.D.)
- Veterinarian
- Dentist (DMD or DDS)
- Physician (MD)
- Other Advanced Degree (Beyond Bachelor's)

Mother's Name

First Name

Last Name

Is your mother living?

Yes

No

Mothers occupation

Is your mother's address the same as your home address?

Yes

No

### Mother's Contact Information

Street

City

State

Zip

Phone Number

### Mother's Highest Level of Education

Grammar School

Middle School

High School

Junior College (Non-Grad)

Junior College (Grad)

4 Year College (Non-Grad)

4 Year College (Grad)

Some Graduate School (But No Adv. Degree)

Master's Degree

Doctorate (Ph.D.)

Veterinarian

Dentist (DMD or DDS)

Physician (MD)

Other Advanced Degree (Beyond Bachelor's)

### Birth order

1st child

2nd child

3rd child

4th child

5th child

Other

### Number of children in my family including myself

1

2

3

4

5

Other

### Which of the following describes the community in which you live?

Large Metro Area (pop>100,000)

Small City (pop. 50,000-100,000)

Large Town (pop. 10,000-50,000)

Rural Area



Small Town (pop. < 10,000)

Inner City

Suburb

Other City Area

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

### III. 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.

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

1 year

2 years

3 years

4 years

5 years

Other

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

Yes

No

Undecided, but likely

Undecided, but not likely

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

- |   |  |
|---|--|
| <input type="checkbox"/> Biology                      | <input type="checkbox"/> Psychology  |
| <input type="checkbox"/> Biomedical science           | <input type="checkbox"/> Geriatrics  |
| <input type="checkbox"/> Physics                      | <input type="checkbox"/> Rural health  |
| <input type="checkbox"/> Neuroscience                 | <input type="checkbox"/> Undecided, but likely to participate                  |
| <input type="checkbox"/> Cell biology                 | <input type="checkbox"/> Undecided, but not likely to participate              |
| <input type="checkbox"/> Chemistry                    | <input type="checkbox"/> Other area  |
|   | <input type="text"/>   |
| <input type="checkbox"/> Medical humanities           | <input type="checkbox"/> Not interested in undergraduate research at this time |
| <input type="checkbox"/> Public policy, public health |  |

#### IV. Future Career Information

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

Briefly describe why you want to become a physician.

Identify 3 areas in medicine that interest you.

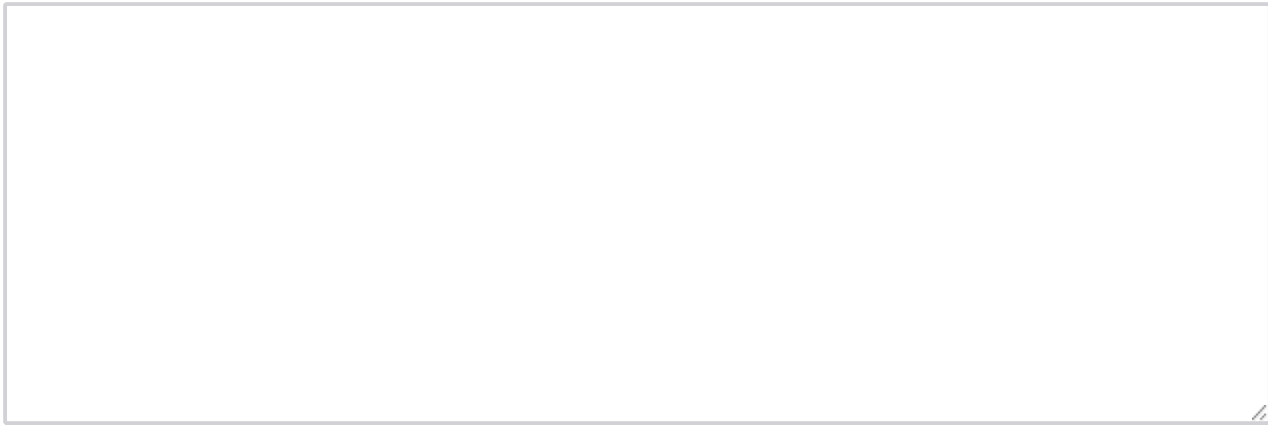
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Anesthesiology       | <input type="checkbox"/> Neurological Surgery  | <input type="checkbox"/> Pediatrics         |
| <input type="checkbox"/> Dermatology          | <input type="checkbox"/> Neurology             | <input type="checkbox"/> Plastic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

Briefly explain your choice about the type of medical career you are considering.

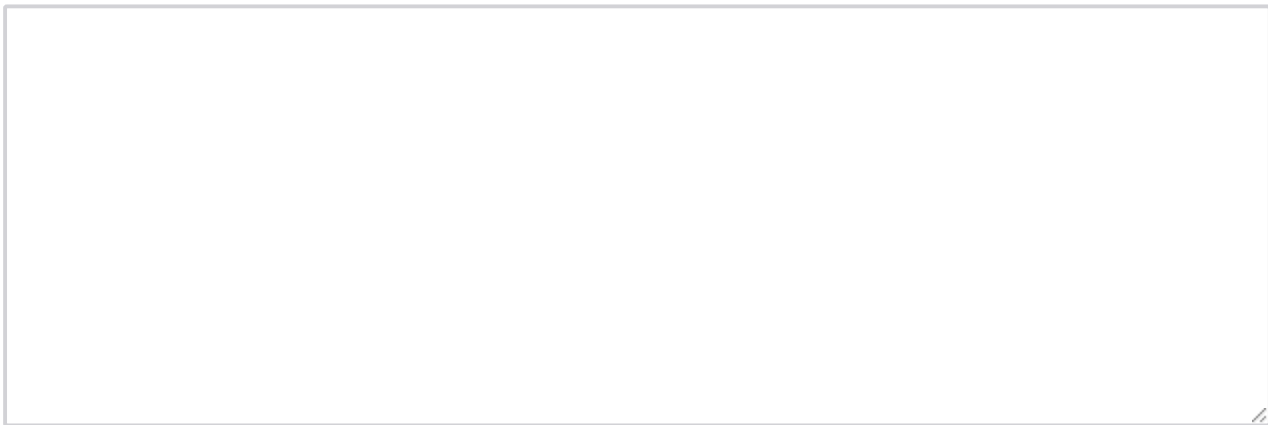
Which of the following best describes the community in which you would like to practice?

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

Briefly explain why you would like to practice in this size community.

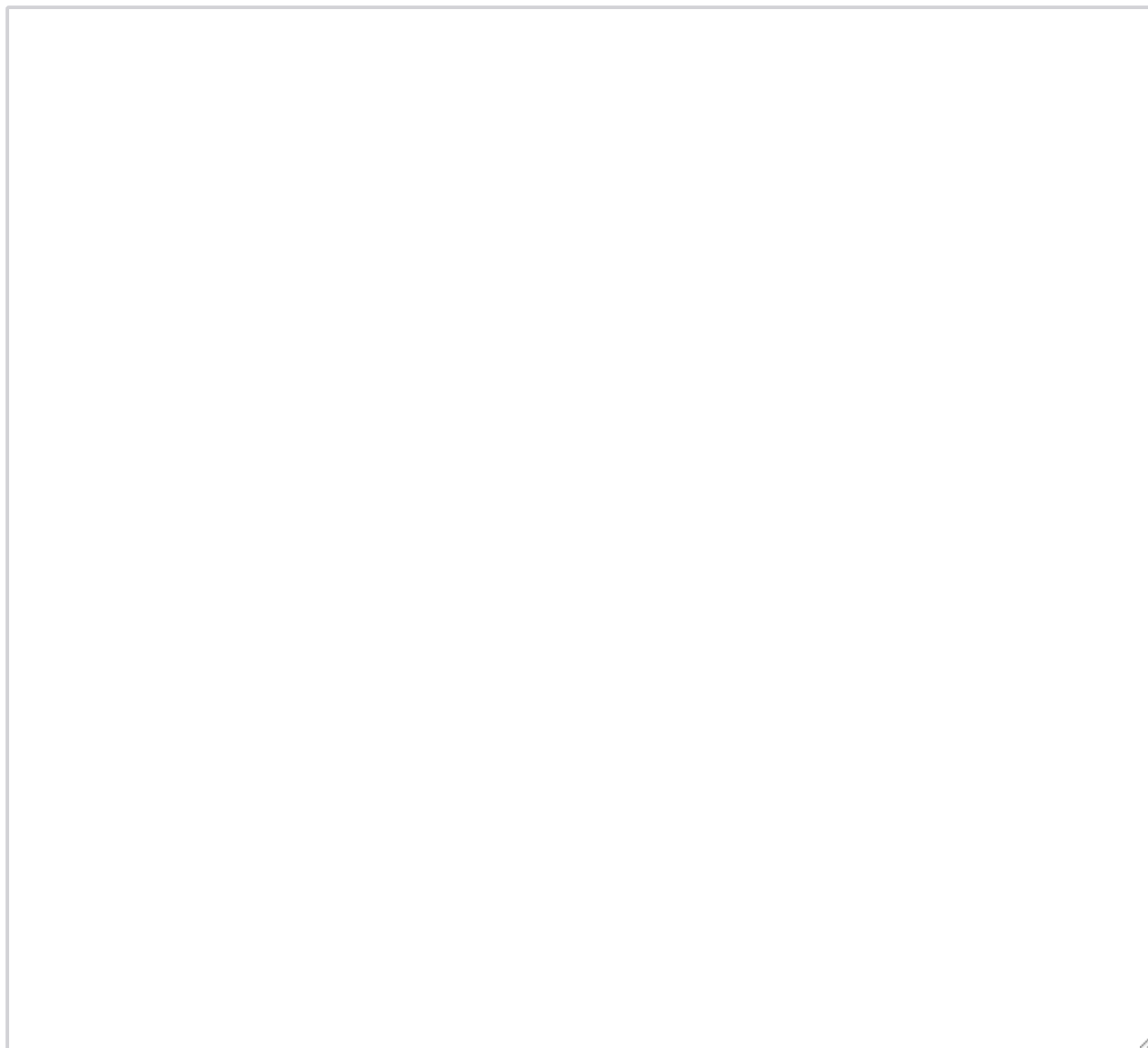
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What other careers have you considered? Why?

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## **V. Self-Critical Analysis**

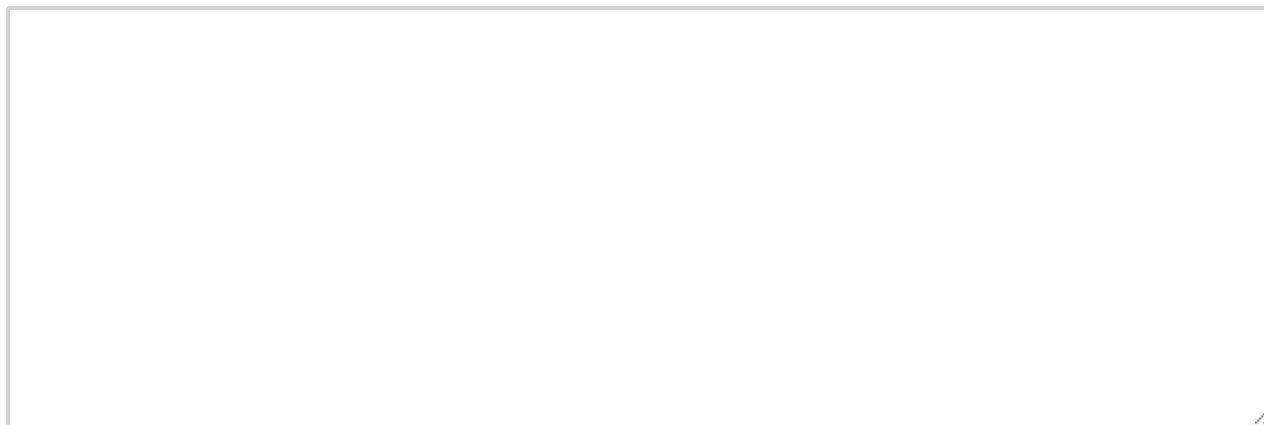
Write a critical analysis of your personal and scholastic qualifications; what motivates you and what sets you apart from other applicants who plan to study Medicine and become a physician.



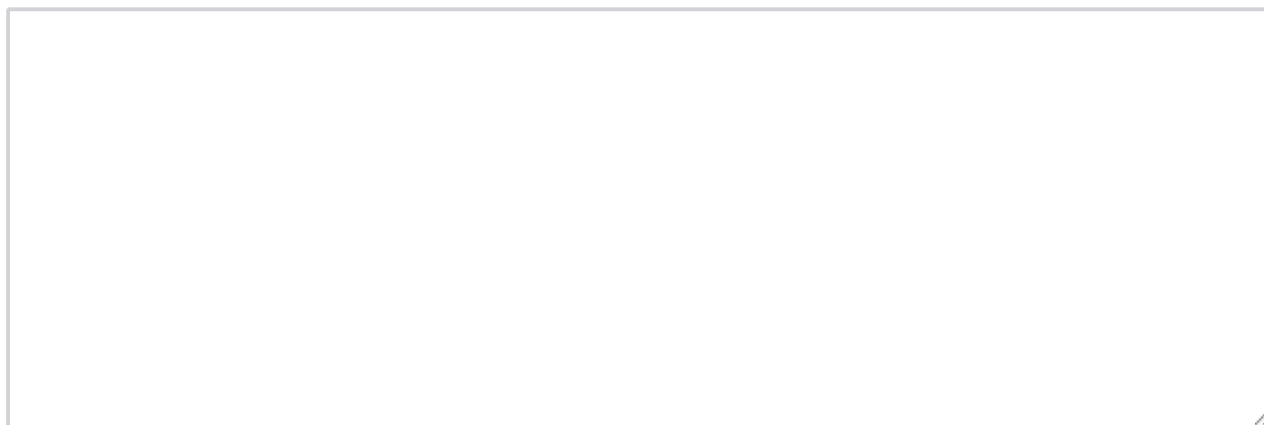
## VI. Student Profile

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.

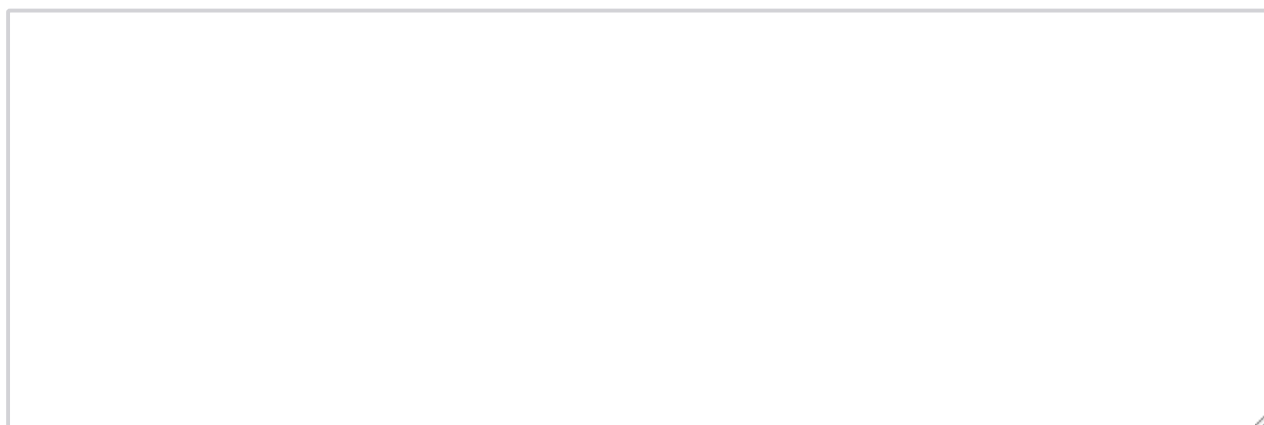
Work Experience - Health Related (\*If you have no Health Related work experience, please type 'none' in the box below)

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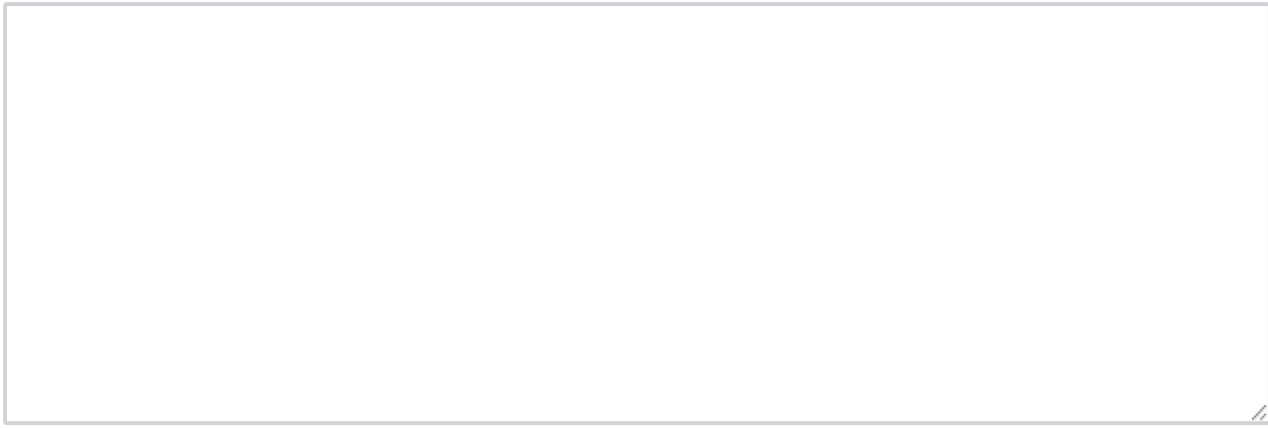
Work Experience - Not Health Related (\*If you have no Not Health Related work experience, please type 'none' in the box below)

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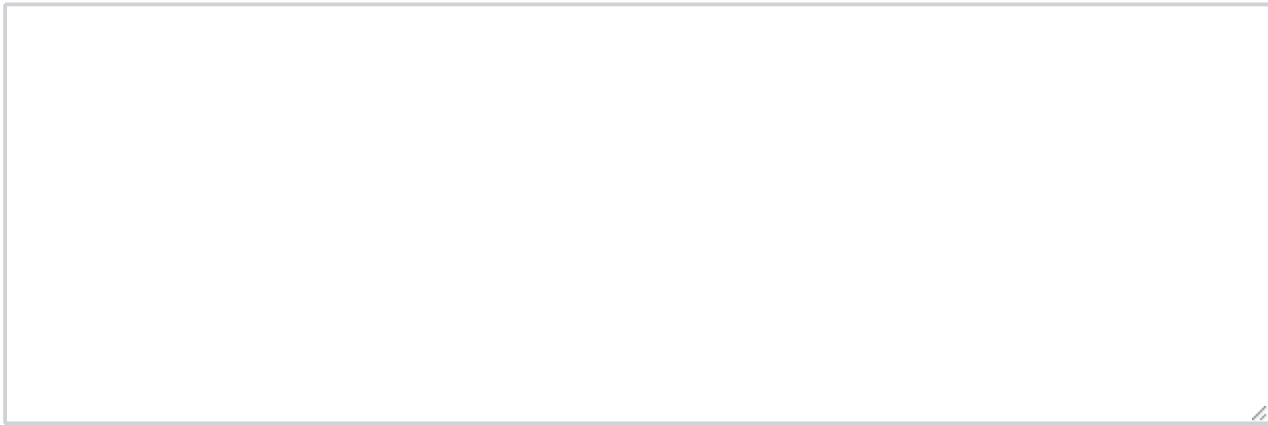
Please list your 3 most meaningful health related volunteer experiences.

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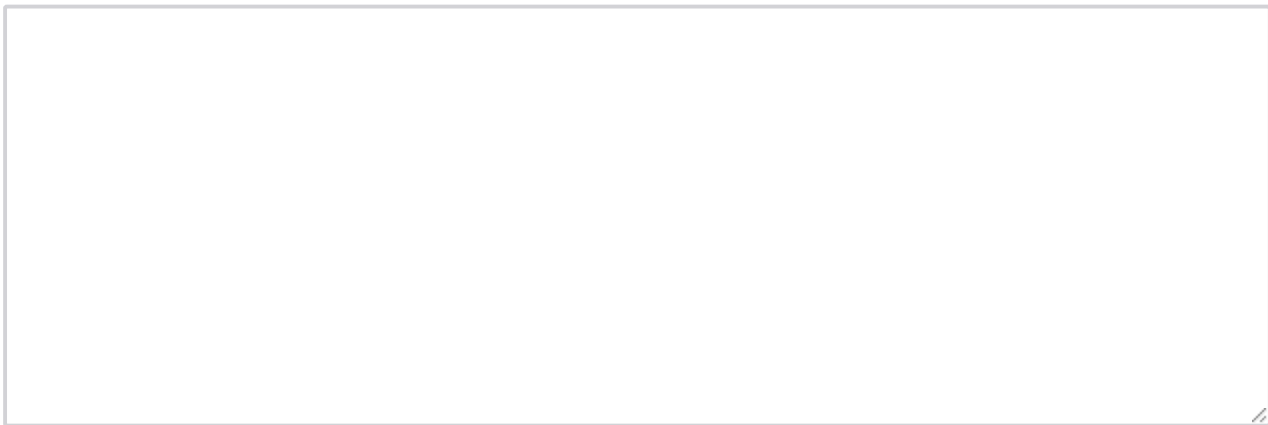
Please list your 3 most meaningful volunteer experiences, not health related.



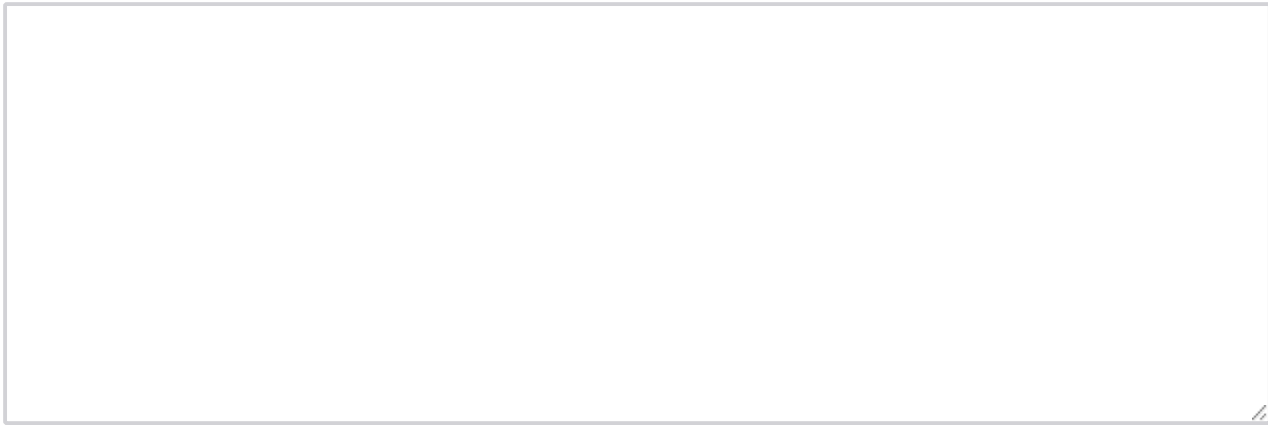
Please list your 3 most meaningful extracurricular activities.



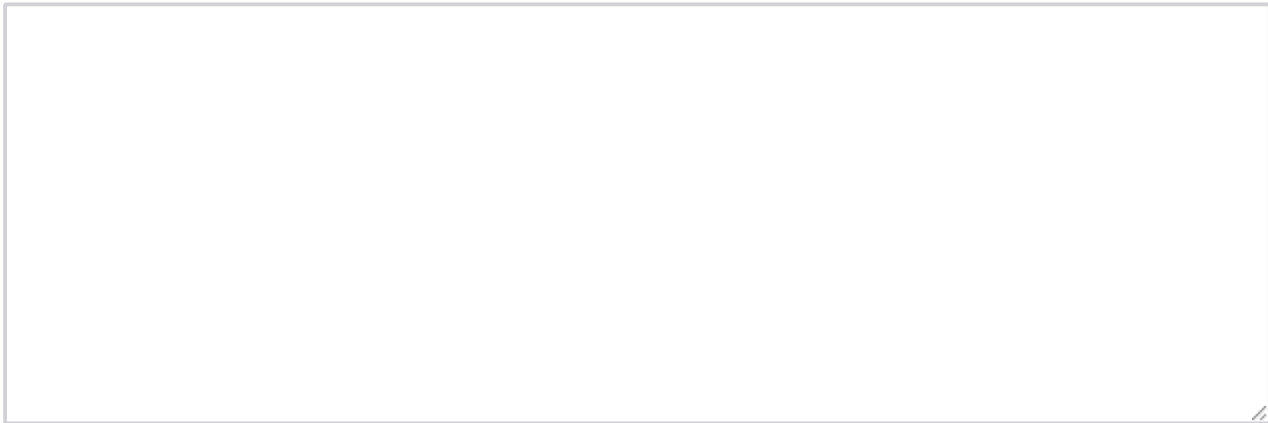
Please list your top 5 or most meaningful honors and recognitions received during high school.



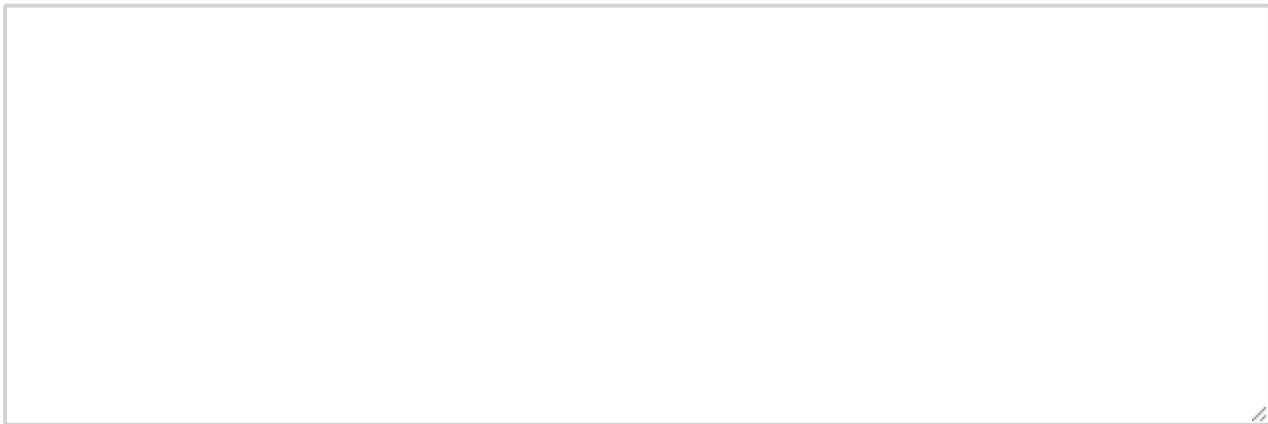
Describe what you do for fun and diversions.



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



Describe your family.



**VII. Instructions for submitting Letters of Recommendation**



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. Your letters of recommendation MUST BE postmarked by February 17, 2017.

Applications will be considered Incomplete without all three letters of recommendation. Incomplete applications will not be reviewed.

Letters of recommendation can be sent via hard copy by mail or electronically by email.

- Hardcopy by mail: Postmarked by 2/17/17

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

- By Email: Sent by 2/17/17 midnight EST
  - Address: [honors.medical@med.fsu.edu](mailto:honors.medical@med.fsu.edu)
  - Subject: Letters of Recommendation for YOUR NAME

Please provide mailing instructions to your letter writers.

#### Teacher #1

Name

Title

Email address

#### Teacher #2

Name

Title

Email address

## Personal Reference

Name

Title

Email address

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 of recommendation are received by the College of Medicine Honors Medical Scholars Program Office by February 17, 2017.

Please review your application for completeness.

Once the application is submitted, you will not be able to review or make changes.

Use the “Back” button to view each page of the application.

When you are ready to submit, click “Next” to proceed to the final page to certify your application.

## Block 1

### Certify and Submit Your Application

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

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