

**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE AND
EAST CAROLINA UNIVERSITY BRODY SCHOOL OF MEDICINE
EARLY ASSURANCE SCHOLARS PROGRAM**

**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE
NORTH CAROLINA HEALTH CAREERS ACCESS PROGRAM**

Post Office Box 1510 • Pembroke, NC 28372
Phone: (910) 521-6673/Fax: (910) 521-6496

APPLICATION FORM

High School _____

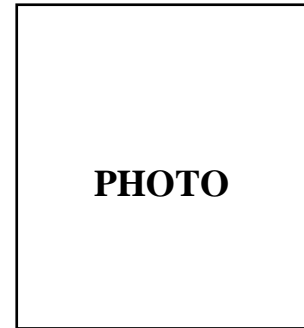
Class Rank _____

Grade Point Average _____

Health Career Interest _____

Hepatitis B Vaccine Yes No

Certifications: CNA, CPR, Other _____



INSTRUCTIONS: Please complete all sections of this application. **Non-typed applications will be eliminated from consideration.**

Note: Application Will Be Reviewed Only After Receipt Of All Requested Materials.

1. **DUE DATE:** Application must be postmarked by **February 14th, 2020**. You may email your completed application to hcap@uncp.edu or hand deliver it to the NC-HCAP Office, Jacobs Hall-Suite F.
2. **CANDIDATE SELECTION:** Candidates selected for a preliminary interview with UNCP will be notified by **February 21st, 2020**. Candidates selected from the UNCP preliminary interviews will be notified for a final BSOM interview by **March 28th, 2020**.
3. **TRANSCRIPT(S):** Contact all schools you have attended to send official transcript(s) to the Early Assurance Scholars Program at the above address.
4. **PHOTOGRAPH:** Attach a photograph (headshot) with the application.
5. **RECOMMENDATION:** Request a letter of recommendation to be submitted by your high school counselor or science/math instructor.
6. Request an Instructor Appraisal Form (1), page 4 of this application.

*A student who is competing for the EA Award at one university **CANNOT** be nominated for the EA Award at another university.*

PERSONAL INFORMATION

1. NAME _____ DATE OF BIRTH _____

SEX: Male Female

ETHNICITY: African American/Black Native American/American Indian Latino/Hispanic
 Asian American/Pacific Islander Caucasian Other (Specify) _____

2. CITIZENSHIP: U.S. Other (specify) _____

If US Citizen, state of which you are a legal residence _____

If other, identify visa status: F1 J1 Permanent resident List number _____

3. CURRENT ADDRESS TO BE USED UNTIL _____ (Month Day Year)

Number/Street _____ City _____ State _____ Zip Code _____

Circle County: Robeson,
Hoke, Scotland, Bladen,
Columbus, or Sampson

PHONE/CELL# _____ EMAIL ADDRESS _____

(Area Code) Telephone & Cell Number(s)

4. PERMANENT ADDRESS, if different from current _____
 _____ (Area Code) Telephone Number
- Number/Street _____ City _____ State _____ Zip Code _____
5. PARENT/GUARDIAN _____ City/State _____
 Area Code/Telephone Number (Home) _____ (Office) _____
6. IN CASE OF EMERGENCY, CONTACT: Name _____
 Relationship _____ Area Code/Telephone & Cell Number(s) _____
 Address _____

EDUCATION/ACHIEVEMENTS - Please attach a copy of your transcript and/or grade report.

1. LIST IN CHRONOLOGICAL ORDER, BEGINNING WITH HIGH SCHOOL, ALL SCHOOLS, COLLEGES AND UNIVERSITIES ATTENDED.

INSTITUTIONS	DEGREE	DATES ATTENDED

2. COLLEGE ADMISSION TEST(S):
 SAT: Verbal Score _____ Math Score _____ Total Score _____
 ACT: Verbal Score _____ Math Score _____ Composite Score _____

3. LIST HONORS/SCHOLARSHIPS RECEIVED IN HIGH SCHOOL.
- _____
- _____

4. LIST EXTRACURRICULAR AND COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED
- _____
- _____

5. LIST ANY PRE-HEALTH RELATED INVOLVEMENT/OPPORTUNITIES.
- _____
- _____

6. HOW DID YOU LEARN ABOUT THE UNCP/ECU BSOM EARLY ASSURANCE SCHOLARS PROGRAM?

- Admissions Counselor Preprofessional Health Advisor High School Counselor
 Instructor/Science Faculty Other (Specify) _____ Past Early Assurance Scholar

7. RECOMMENDATION

Give the name and title, address, and telephone number of the person submitting a letter of recommendation for you.

Name _____ Title _____

Address _____
 _____ P.O. Box/Street _____ City _____ State _____ Zip Code _____

Telephone Number _____ Department _____

8. ESSAY

In the space provided below, describe in **500+** words your background, health career goals, health experiences that support a career in medicine, and motivation toward these goals. Why would you be a good candidate for the UNCP/BSOM Early Assurance Scholars Program and what benefits do you expect to receive?

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant _____ Date _____

**UNCP and ECU Brody School of Medicine
Early Assurance Scholars Program**

INSTRUCTOR APPRAISAL FORM

Directions: Please complete this form for _____ who has
Name
applied for admission to the UNCP/BSOM Early Assurance Scholars Program.

Please return completed form to: **NORTH CAROLINA HEALTH CAREERS ACCESS
PROGRAM AT THE UNIVERSITY OF NORTH CAROLINA
AT PEMBROKE**
Post Office Box 1510 Pembroke, NC 28372
Phone: (910) 521-6673, Fax: (910) 521-6496, Email: hcap@uncp.edu

1. I have known the applicant for a period of _____ in the following capacity _____

2. The applicant ranks academically with other students taught in recent years as follows:
Top 5% _____ Top 10% _____ Top 25% _____ Average _____ Below Average _____

3. Please rank the applicant on the following traits, relative to other students you have taught.

	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	No Opportunity to Observe	Comments
Intellectual Ability							
Communication Skills							
Emotional Stability							
Study Habits/Skills							
Attendance/Punctuality							
Comprehension							
Accuracy/Attention to Detail							
Maturity/Judgment							
Motivation/Perseverance							
Dependability							
Initiative/Industriousness							
Cooperative Attitude							
Ingenuity							
Leadership/Leadership potential							

4. Major strength of this student as a prospective participant in the UNCP/BSOM Early Assurance Program are

5. The ability of the applicant to successfully pursue a graduate or professional health program is perceived as follows:

Excellent_____ Good_____Average_____ Fair_____Poor_____ Unsatisfactory_____

6. The applicant as an Early Assurance candidate is:

Recommended with Confidence_____ Recommended_____

Recommended with Reservations _____ Not Recommended_____

NAME OF PERSON COMPLETING THIS FORM (Print or Type)

Title _____ Department_____

High School_____ Telephone_____

School Address_____

Signature _____ Date_____