APPLICATION FORM

High School______________________________

Class Rank______________________________

Weighted Grade Point Average____________________

Intended Area of Specialty______________________________

Certifications: CNA, CPR, EMT, 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 25th, 2022. 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 March 1st, 2022. Candidates selected from the UNCP preliminary interviews will be notified for a final BSOM interview by mid to late March.

3. TRANSCRIPT(S): Contact all schools (high school and college) 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 (1) to be submitted by your high school counselor or science/math instructor. Multiple letter of recommendation’s are acceptable.

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.

COLLEGE ADMISSION TEST(S):

SAT: Verbal Score____________ Math Score_____________ Total Score__________

ACT: Verbal Score____________ Math Score_____________ Composite Score______
1. NAME __________________________________________ DATE OF BIRTH ________________________________
   
   SEX:  ○ Male  ○ Female
   ETNICITY:  ○ 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 residency ________________________________
   If other, identify Visa status:  ○ F1  ○ J1  ○ Permanent resident  ○ List number ______________

3. CURRENT MAILING ADDRESS __________________________________________
   Number/Street ____________________________  City ____________________________  State ____________  Zip Code ____________
   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 __________________________________________

   Circle County of Residence: Robeson, Hoke, Scotland, Bladen,
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.

<table>
<thead>
<tr>
<th>INSTITUTIONS</th>
<th>DEGREE</th>
<th>DATES ATTENDED</th>
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<tbody>
<tr>
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</table>

2. LIST HONORS/SCHOLARSHIPS RECEIVED IN HIGH SCHOOL.

3. LIST EXTRACURRICULAR AND COMMUNITY ACTIVITIES IN WHICH YOU PARTICIPATED

4. LIST ANY PRE-HEALTH RELATED INVOLVEMENT/OPPORTUNITIES.

5. 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

6. 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 ____________________________
INSTRUCTOR APPRAISAL FORM

Directions: Please complete this form for __________________________ who has 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) 775-4751, 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.

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

PLEASE ADD ANY RELEVANT INFORMATION: