



## HOUSTON MEDICAL FORUM SCHOLARSHIP APPLICATION FOR PREMEDICAL STUDENTS

The Houston Medical Forum awards scholarships annually to bright and talented Houston area premedical students in an effort to defray the cost of their MCAT preparation.

### Who Should Apply

The HMF is currently accepting scholarship applications from undergraduate students who are entering their fourth year of undergraduate studies and are planning to pursue a Medical Doctorate degree or its equivalent.

### Scholarship Eligibility and Requirements

Full-time students who are currently enrolled in a college or university in the Houston area are eligible to apply. Students must have successfully completed their third year of undergraduate studies as of May 2017.

- Students must be in good academic standing with a minimal GPA of 3.25
- Previous recipients of a HMF scholarship are ineligible to apply

### Application Components

- Fully completed and legible scholarship application
- Official transcript from college/undergraduate school
- High resolution professional headshot photograph
- Two letters of reference with contact information (reference letters from family members are not accepted). Letters are to be submitted in a sealed envelope.
- Any documentation of financial hardship (optional)

### Application Instructions and Deadline

Full-time students who are currently enrolled in a college or university in the Houston area are eligible to apply. Please download and complete the application. The **DEADLINE** to receive the completed application and all supporting documents is **OCTOBER 31, 2017**. The envelope **MUST** be postmarked by October 31, 2017 to be considered. Incomplete applications will be ineligible for consideration after this date.

The following **MUST** be mailed in one large envelope: (1) completed scholarship application, (2) high resolution professional headshot photograph, and (3) two (2) letters of reference in a sealed envelope. Please mail to: **Houston Medical Forum Scholarship Committee; P.O. Box 980813; Houston, Texas**

Official transcripts **MUST** be mailed directly from the Office of the Registrar of your school. The envelope **MUST** be postmarked by **October 31, 2017** and mailed to: **Houston Medical Forum Scholarship Committee; P.O. Box 980813; Houston, Texas 77098**.

Applicants will be notified by **November 20, 2017** of the committee's decision.

**A. PERSONAL INFORMATION**

Name:(Last) \_\_\_\_\_(First) \_\_\_\_\_(MI) \_\_\_\_\_

Mailing Address: (Street) \_\_\_\_\_(City) \_\_\_\_\_

(State) \_\_\_\_\_(Zip Code) \_\_\_\_\_Email Address \_\_\_\_\_

Primary Phone #:(Home) \_\_\_\_\_(Mobile) \_\_\_\_\_Date of Birth: \_\_\_\_\_

Parent`s address (if different from mailing address): (Street) \_\_\_\_\_

(City) \_\_\_\_\_(State) \_\_\_\_\_(Zip Code) \_\_\_\_\_

**1. Personal Demographics/Family information**

a. Please place a check below by the category that best describes your race/ethnic status:

- African-American/Black
- American Indian/Alaska Native or Native Hawaiian/Pacific Islander
- Hispanic/Latino
- Other

b. Please identify the community where you spent the majority of your pre-college years in terms of population size and type:

**Community size:**

- Large (≥500,000)
- Moderate (50,000-499,999)
- Small (10,000-49,999)
- Town (<10,000)

**Community type**

- City
- Suburb of a large city
- Suburb of a moderate-sized city
- Rural

c. Please check below the category which best describes the highest level of education attained by your parents

d. Please identify the current age of your siblings and indicate the highest level of educational attained by each

<b>Educational Level</b>	<b>Father</b>	<b>Mother</b>
Some high school		
High school diploma		
Some college		
College degree		
Graduate school		

<b>Sibling #</b>	<b>Age</b>	<b>Highest educational level</b>
1		
2		
3		
4		
5		

**2. Educational debt**

a. How much education-related debt have you accrued in undergraduate school?(\$)\_\_\_\_\_

b. Do you plan to obtain educational loans to attend medical school? Yes  No

**B. EDUCATIONAL INFORMATION**

**1. High school information**

- i. Name of high school of graduation \_\_\_\_\_
- ii. City, state and country of high school of graduation \_\_\_\_\_

**2. Undergraduate information**

- a. Name of college you are attending \_\_\_\_\_
- b. City, state and country of college \_\_\_\_\_
- c. Major(s) \_\_\_\_\_
- d. Expected date of graduation \_\_\_\_\_
- e. List any college merit scholarship(s) \_\_\_\_\_

**C. PRE-MEDICAL PREPARATION BACKGROUND**

- a. Are you enrolled in JAMP?  Yes  No
- b. Have you taken the MCAT?  Yes  No
- c. If so, what was your score?
- d. Have you taken a formal MCAT review course?  Yes  No
- e. Have you applied to any medical school?  Yes  No
- f. Have you done any medical research?  Yes  No If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- g. Have you done any physician shadowing?  Yes  No If yes, describe:

\_\_\_\_\_

\_\_\_\_\_

**C. ORGANIZATIONS/ACTIVITIES AND LEADERSHIP ROLES**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**D. HONORS/AWARDS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**E. RESEARCH PROJECTS/INTERESTS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**F. COMMUNITY SERVICE PROJECTS**

**Describe any community service projects that you have engaged in within the past 5 years.**

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**G. ESSAYS (200 words or less per essay)**

**1. What are healthcare disparities and how do they impact patient care, medical education or biomedical research?**

**2. Describe two of your best qualities?**

**3. Describe any financial hardships that you may have (optional).**

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**Signature**

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**Date**

Should you have any questions, please contact:  
Kathy C. Flanagan, M.D. at (713) 528-1570 or [hmfscolars@gmail.com](mailto:hmfscolars@gmail.com)