Dear Applicant,

The Bryant Scholars Pre-admission Program is designed to encourage talented, high-achieving premed students from rural areas to obtain their medical education at the University of Missouri School of Medicine. Students accepted into the program will not be required to take the MCAT or participate in the regular admissions process at the MU School of Medicine.

To be eligible to apply for the Bryant Scholars Pre-admission Program, students must be full-time students at participating institutions, be Missouri residents who attended a rural high school as defined by the National Center for Education Statistics (go to http://nces.ed.gov/ccd/schoolsearch/ to look up high school. High schools with locale codes of 31, 32, 33, 41, 42, and 43 are considered rural) and be committed to returning to practice medicine in rural Missouri. Additionally, they must show evidence of having earned an ACT composite of 30 or higher or SAT (critical reading + math) of 1330 higher prior to entering college, and of maintaining a minimum 3.3 science/Math GPA and overall GPA while in college. Successful applicants will also provide evidence of involvement in extracurricular and community service activities as well as in the health care field.

Application materials for the program are attached. Required materials include:

1. Application form: Complete all 3 pages; attach a recent photograph to the first page of the application.

2. Complete the Statement of Intent and Contact Information pages and attach them to your application form.

3. Return the application form and its attachments to your Bryant Scholars Program Advisor.

4. Evaluation Forms: Fill out the top line and the middle portion of the first page. Have each evaluator complete the remainder of the form and return it to your Bryant Scholars Program Advisor. Two evaluations are required, but you may submit a third. The third evaluator should be non-academic.

One of the two required evaluations must come from a high school science teacher, counselor, or administrator. (Science teacher is preferred.) The second evaluation must come from a professor from whom you have taken a class and received a grade. You may submit a third optional evaluation.

5. College Transcript: Ask the Transcript Office to forward a copy of your transcript to your Bryant Scholars Program Advisor, with the current fall semester grades included. When winter/spring grades are posted, please forward a copy to the Bryant Scholars Program Advisor.

6. High School Transcript: Ask the high school from which you graduated to forward an official copy of your final transcript to your Bryant Scholars Program Advisor.

7. ACT/SAT Scores: If your ACT/SAT scores are NOT on your high school transcript, please provide your Bryant Scholars Program Advisor a photocopy of the official score report you received from ACT/SAT.

Once your file is complete, your Bryant Scholars Program Advisor will evaluate your candidacy and then forward it to the MU School of Medicine, Office of Medical Education. A screening committee will review completed files. Members of the Preprofessional Scholars Programs Committee of the MU School of Medicine will conduct interviews during the summer and select the Bryant Scholars.
THE UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE
BRYANT SCHOLARS PRE-ADMISSION PROGRAM
APPLICATION

DIRECTIONS: Please print or type.

RETURN TO: David J. Westenberg
Missouri S&T Biology Department
400 W. 11th Street, Rolla, MO 65409

Demographic Information:

Name ____________________________________________

Last       First       Middle

College Address __________________________________________ Phone (___) ____________

Street/number       City       Zip

Permanent Address ______________________________________

Street/number       City       Zip code

Permanent phone (___) __________________________

E-mail address ________________________________

Student ID No. ____________________

Birthdate______________________________ Place of Birth__________________________

Month       Day       Year

Racial/Ethnic Self-description ______________________________________________________

U.S. Citizen? _____Yes _____No  Permanent Resident? _____Yes _____No

Father/Guardian Name ____________________________ Living? ____Yes ____No

Address ______________________________________ Phone (___) ____________

Street/number       City       State       Zip

Education/College(s)___________________________________________ Highest degree ______

Occupation____________________________________________________

Mother/Guardian Name ____________________________ Living? ____Yes ____No

Address ______________________________________ Phone (___) ____________

Street/number       City       State       Zip

Education/College(s)___________________________________________ Highest degree ______

Occupation____________________________________________________
Academic Information:

High School __________________________________ Public/Private_______ H. S. GradYear _______

High School Location ___________________________________________________________
City State

ACT Composite Score _______ High School Class Rank _________ High School GPA _________

Advanced Placement or CLEP credit received__________________________________________

College credit earned while in high school: Indicate the institution, course(s), and grade(s) received and if instruction was given on the high school or college campus.

___________________________________________________________________________________
___________________________________________________________________________________

Major high school and community activities, honors (You may attach a comprehensive list if you prefer).

___________________________________________________________________________________
___________________________________________________________________________________

Date of College Entry __________ Projected College Graduation Date _________________

Major_________________________________ Minor____________________________________

General Honors courses taken_______________________________________________________

College activities, honors (You may attach a comprehensive list if you prefer).
___________________________________________________________________________________
___________________________________________________________________________________

Medically-related activities________________________________________________________

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Have you ever faced any Institutional Action (suspension, probation, etc.) for unacceptable academic performance or conduct violation? ____Yes ____No Since your 17th birthday, have you been the recipient of any Legal Action for violation of civil or criminal law? ____Yes ____No If your response is "Yes" to either question, please attach a separate sheet outlining your explanation of the action.
**Personal Comments:**

In the space provided, describe in your own words the development of your interest in rural medicine and in becoming a physician. If you attach a sheet, please limit your remarks to one page. You may hand-write or word-process your comments. Side margins should be at least 3/4 inch and font should be no smaller than 10-point. You may single-space.
Questions:

In the space provided, answer the following questions in your own words. If you attach a sheet, please limit your remarks to one page. You may hand-write or word-process your comments. Side margins should be at least 3/4 inch and font should be no smaller than 10-point. You may single-space.

How long have you lived in a rural area? Does your family still live in a rural area?

What did you like most about growing up in a rural area?

What did you like least about growing up in a rural area?

How would these experiences influence your decision to practice in a rural area?

What qualities/characteristics do you consider important to be successful as a physician?

Applicant's Signature_______________________________________________ Date______________
Applicant’s Name______________________________________

Evaluator’s Name______________________________________  Job Title _______________________

Evaluator’s Work Address___________________________________  Phone _____________________

The Family Education Rights and Privacy Act (The Buckley Amendment) provides that, should the applicant matriculate, he/she will be entitled to inspect all records kept by the MU School of Medicine, including evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on this form.

To be completed by the applicant. Please sign item A or item B.

A. I hereby waive my right to this evaluation should I matriculate at the University of Missouri-Columbia School of Medicine.

.............................................................................................................. Date________________

B. I decline to waive my right to this evaluation should I matriculate at the University of Missouri-Columbia School of Medicine.

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How long have you known the applicant and in what context?

What are the first words that come to your mind to describe this applicant?
II. Compared to other pre-professional college students, please rate this student in terms of:

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IV. In view of this applicant’s strengths and weaknesses, how well do you believe he or she is suited to preparation for a professional career in medicine? (Circle the appropriate word.)

- Below Average
- Average
- Good
- Excellent
- Outstanding

Evaluator's Signature

Date

Please return completed form to:
THE UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE  
BRYANT SCHOLARS PROGRAM  
HIGH SCHOOL TEACHER/COUNSELOR/ADMINISTRATOR EVALUATION FORM

Applicant’s Name______________________________________

Evaluator’s Name______________________________________  Job Title __________________

Evaluator’s Work Address___________________________________  Phone _____________________

The Family Education Rights and Privacy Act (The Buckley Amendment) provides that, should the 
applicant matriculate, he/she will be entitled to inspect all records kept by the MU School of Medicine, 
including evaluation forms. However, the applicant may waive the right to inspect the evaluation form by 
signing in the appropriate place on this form.

To be completed by the applicant. Please sign item A or item B.

A. I hereby waive my right to this evaluation should I matriculate at the University of Missouri-Columbia 
School of Medicine.

________________________________________________________ Date____________________

B. I decline to waive my right to this evaluation should I matriculate at the University of Missouri- 
Columbia School of Medicine.

________________________________________________________ Date____________________

I. This individual has applied to the University of Missouri-Columbia School of Medicine through the MU 
Bryant Scholars Pre-Admission Program. The applicant believes you have had significant contact to 
complete an evaluation of qualities that might relate to future performance as a physician. Your 
evaluation should be based on a comparison with other pre-professional students you have known.

How long have you known the applicant and in what context?

What are the first words that come to your mind to describe this applicant?

Please attach an official copy of the candidate’s complete high school transcript as well as results of the 
student’s performance on the ACT or SAT and any achievement tests. This report is confidential and will 
be available only to those involved in our admissions process.

High school grade point average is __________ based on a scale with A = _______. This GPA is 
_____weighted  ____unweighted. The candidate’s rank is _______ in a class of _________ students. 

How many share this rank? ______  How many students are above this rank? ______

(If no rank is available, please enclose information that allows the faculty committee to assess the 
candidate’s academic strength in relation to fellow students.)
II. Compared to other pre-professional college students, please rate this student in terms of:

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IV. In view of this applicant’s strengths and weaknesses, how well do you believe he or she is suited to preparation for a professional career in medicine? (Circle the appropriate word.)

Below Average               Average               Good               Excellent               Outstanding

____________________________________
Evaluator’s Signature

______________________________________
Date

Please return completed form to:
THE UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE
BRYANT SCHOLARS PROGRAM
OPTIONAL EVALUATION FORM

Applicant's Name______________________________________________________________

Evaluator's Name_____________________________________________________________
Job Title_____________________________________________________________________

Evaluator's Work Address_______________________________________________________
Phone_________________________________________________________________________

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To be completed by the applicant. Please sign item A or item B.

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________________________________________________________ Date____________________

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| Below Average | Average | Good | Excellent | Outstanding |

Evaluator's Signature ___________________________ Date ____________

Please return completed form to:
**Bryant Scholar Retreats**

Students are required to attend 4 of 6 retreats while in undergraduate school. Partial attendance of any retreat does not count toward this requirement. Absences must be approved by Jana Porter, MU-AHEC Coordinator. Requests to be absent must be in writing and sent to:

MU-AHEC  
ATTN: Jana Porter  
2401 LeMone Industrial Blvd.  
DC345.00  
Columbia, MO 65212

**Mentoring Program**

All students are required to enter a mentoring relationship with a physician beginning their sophomore year in college. MU-AHEC will help arrange the relationship if necessary. Students will have contact with their mentors at least 20 hours per calendar year. Additionally, students will need 20 hours of other health related experiences. These experiences may include but are not limited to: health research, leadership activities, shadowing nurses or other health staff. Students will be required to write two one-page papers each year that reflect on their experiences. Reflection papers will be submitted at each retreat. For sophomores, the first paper will address your personal objectives for a mentoring relationship.

**Community Service**

All students are also required to participate in 8 hours of community service per calendar year. The service activity is the choice of the student, but must be approved through Jana Porter in the MU-AHEC office (573) 884-1716; porterjl@health.missouri.edu. Contact information from the volunteer site must be provided to the MU-AHEC office for verification.

**Statement of Intent**

I, ____________________________________________, hereby acknowledge my interest in and commitment to the MU Bryant Scholars Program. My participation in the program will prepare me to enter practice in a rural area. I understand that failure to meet these requirements may result in immediate dismissal from the Bryant Program.

__________________________________________  
Signature

__________________________________________  
Date
Medical School Requirements:

1. Students will maintain MU-SOM satisfactory academic and professionalism record.

2. Students will volunteer at 2 undergraduate retreats while in medical school.

3. Students will participate in the Summer Community Program for 6-8 weeks between their M1 and M2 academic years.

4. Students will complete 3 of 6 third year core clerkships at a community-based site.

5. Students will complete at least one 4th year elective at a community-based site.

I, ________________________, understand that if the medical school rural programming requirements are fulfilled, I will receive a $1,500 scholarship when starting my fourth year of medical school.

I understand that if I do not fulfill the requirements, I will forfeit the scholarship and that this change in my educational program may require an explanatory note in the Medical Student Performance Evaluation letter sent to residency programs.

__________________________________________
Signature

__________________________________________
Date

The University of Missouri School of Medicine reserves the right to modify the Bryant Scholars Program Requirements at any time the medical school faculty or administration determines the change is in the best interest of the School of Medicine.

Revised 3/09
Please indicate below how we may contact you during the summer if you will not be available at either your school or permanent address. This could be a personal cell phone number, a temporary summer address/phone, a job address/phone, a friend or relative who will always know how to reach you, or any combination of these.

**Name:** ________________________________________________________________

**Address:** ________________________________________________________________

_______________________________________________________________

_______________________________________________________________

**Phone:** (_____)_______________________________

**E-mail:** ________________________________________________________________

**Personal cell phone:** (_____)_______________________________