

**THE UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE
BRYANT SCHOLARS PRE-ADMISSION PROGRAM**

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

Attach photograph here.

Demographic Information:

Name _____
Last First Middle

College Address _____ Phone (____) _____
Street/number City Zip

Permanent Address _____
Street/number City State 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.

Applicant's Signature _____ Date _____

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 _____

**THE UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE
BRYANT SCHOLARS PROGRAM
COLLEGE FACULTY 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 wave 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?

Applicant's name _____

II. Compared to other pre-professional college students, please rate this student in terms of:

	No Basis For Rating	Below Average	Average	Good (Top 25%)	Excellent (Top 10%)	Outstanding (Top 5%)
Intellectual Curiosity						
Extracurricular Accomplishments						
Initiative						
Persistence						
Independence						
Tact and Courtesy						
Adaptability and Cooperation						
Communication Skills						
Self-confidence						
Leadership						
Integrity						
Concern for Others/Altruism						
Respect for Differences						
Warmth of Personality						
Sense of Humor						
Emotional Maturity						
Flexibility						
Reactions to Setbacks/Resilience						
Problem-solving Ability						
Motivation toward Medicine						
Overall Impression of the Applicant as a Future Physician						

Applicant's name _____

III. Please write an appraisal of the applicant's potential for the MU Bryant Scholars Pre-admission Program. We are particularly interested in the applicant's character, maturity, independence, values, and any special talent or quality that the applicant possesses specifically related to a career in medicine. A brief narrative will give us added insight into the strengths and weaknesses of the applicant. You may use this page or attach a letter. If you attach a letter of recommendation, please also provide a rating and your signature on this form.

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.)

Applicant's name _____

II. Compared to other pre-professional college students, please rate this student in terms of:

	No Basis For Rating	Below Average	Average	Good (Top 25%)	Excellent (Top 10%)	Outstanding (Top 5%)
Intellectual Curiosity						
Extracurricular Accomplishments						
Initiative						
Persistence						
Independence						
Tact and Courtesy						
Adaptability and Cooperation						
Communication Skills						
Self-confidence						
Leadership						
Integrity						
Concern for Others/Altruism						
Respect for Differences						
Warmth of Personality						
Sense of Humor						
Emotional Maturity						
Flexibility						
Reactions to Setbacks/Resilience						
Problem-solving Ability						
Motivation toward Medicine						
Overall Impression of the Applicant as a Future Physician						

Applicant's name _____

III. Please write an appraisal of the applicant's potential for the MU Bryant Scholars Pre-admission Program. We are particularly interested in the applicant's character, maturity, independence, values, and any special talent or quality that the applicant possesses specifically related to a career in medicine. A brief narrative will give us added insight into the strengths and weaknesses of the applicant. You may use this page or attach a letter. If you attach a letter of recommendation, please also provide a rating and your signature on this form.

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 _____

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?

Applicant's name _____

II. Compared to other pre-professional college students, please rate this student in terms of:

	No Basis For Rating	Below Average	Average	Good (Top 25%)	Excellent (Top 10%)	Outstanding (Top 5%)
Intellectual Curiosity						
Extracurricular Accomplishments						
Initiative						
Persistence						
Independence						
Tact and Courtesy						
Adaptability and Cooperation						
Communication Skills						
Self-confidence						
Leadership						
Integrity						
Concern for Others/Altruism						
Respect for Differences						
Warmth of Personality						
Sense of Humor						
Emotional Maturity						
Flexibility						
Reactions to Setbacks/Resilience						
Problem-solving Ability						
Motivation toward Medicine						
Overall Impression of the Applicant as a Future Physician						

Applicant's name _____

III. Please write an appraisal of the applicant's potential for the MU Bryant Scholars Pre-admission Program. We are particularly interested in the applicant's character, maturity, independence, values, and any special talent or quality that the applicant possesses specifically related to a career in medicine. A brief narrative will give us added insight into the strengths and weaknesses of the applicant. You may use this page or attach a letter. If you attach a letter of recommendation, please also provide a rating and your signature on this form.

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:

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

Phone: (573) 884-1716
FAX: (573) 882-5666

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.

**THE UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE
BRYANT SCHOLARS PROGRAM**

SUMMER CONTACT INFORMATION

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: (_____) _____