

High School Mini Medical School 2009 Application

Session #1 July 5-9, 2009 Session #2 July 12-16, 2009

Application (postmark) Deadline: **March 15, 2009** Fee: \$525 (Some scholarships available)

Print off this application, complete it, sign it, and return it with the following to the address below.

- Completed application (including essay)
- Copy of high school transcript
- Letter of recommendation from high school counselor
- A list of school and community activities in which you participate, including jobs and volunteer experiences

Name _____ E-mail address _____

Address _____ Phone _____
Street City Zip

High School _____
Name Address

Birthdate: ____/____/____ Sex ____ Current year in high school: ____ Race/Ethnicity: _____

GPA _____ on a _____ scale Class Rank: ____/____

Test Score: ACT _____ SAT (CR) ____ (M) ____ (WR) ____ Other _____
(Composite) (PLAN, PSAT, etc.)

Father/Guardian _____ Parent Phone _____
Daytime Evening

Address _____
Street City State Zip

Occupation _____ Employer _____

Mother/Guardian _____ Parent Phone _____
Daytime Evening

Address _____
Street City State Zip

Occupation _____ Employer _____

Check one: I can attend Session #1 _____ Session #2 _____ Either session _____

Check one: I am applying for a financial aid scholarship. **Please include application.** Yes _____ No _____

Student Signature _____

Parent Signature _____

**Send application and other documents to:
University of Missouri School of Medicine
Attn: Lindsey Gentry
MA215 Medical Sciences Building
Columbia, Missouri 65212**

**Phone (573) 882-5647
Fax (573) 884-2988**

gentrylr@health.missouri.edu

Essay

Directions: Please provide a response to the following. Your essay should be typed and should not exceed 300 words. Don't forget to attach your essay to your completed application.

Question: Please tell us about someone whom you admire and why you admire him/her.