



Rural Track Summer Community Program Application AY 2017-2018



Application Instructions:

1. Complete all pages of the application form.
2. Please submit your application, along with the Summer Fellowship Opportunities cover sheet and a CV, to OME. For additional information about this program, please contact, Allison Fuemmeler, fuemmeleran@health.missouri.edu, or 573-884-3566.

Participation Policy:

A student's application for the Rural Track Summer Community Program is their commitment to participate.

Selection and Prioritization Criteria:

The selection committee will use the following criteria to determine which students are best suited for the Rural Track Summer Community Program and to prioritize students for Summer Community Program placement:

1. Academic Record and Professional Behavior
2. Rural Scholar
3. Hometown/Rural Background
4. PRIMO Scholar
5. Number of Weeks Requested
6. Reasons for requesting the Summer Community Program as communicated on the application
7. Student flexibility in placement site

Questions:

If you have any questions about the application process, please email or call Allison Fuemmeler, fuemmeleran@health.missouri.edu (884-3566)

Student Notification:

Students will be notified about their acceptance into the Summer Community Program in February via email. Students will receive site placements via email in March and receive more detailed information at the Orientation/Credentialing meeting in April.

Housing:

Students may find their own housing with family or other location if preferred, however co-ed student housing is available at multiple SCP locations at no charge due to the generous support of the local health systems and the Missouri Area Health Education Centers. Most housing is furnished. Students are responsible for reasonable household necessities while living in the student housing. Please see the list of available SCP locations to determine if housing is available and what type of housing it is (apartment, house, etc.)

Students may travel to surrounding communities to complete various rotations based on preceptor assignment. Commuting to surrounding communities will be kept to a maximum 30 minutes.

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AY 2017-2018

Name (first middle last):			Maiden:		
Student #:			Date of Birth (MM/DD/YYYY):		
Gender:	Male:	Female:	Age:		
Demographics					
Race/Ethnicity (choose all that apply):	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian/Other Pacific Islander	
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Other:		
I am the first in my family to go to college		Yes:	No:		
I grew up with English as my second language		Yes:	No:		
Veteran Status (choose one):					
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Veteran Prior Service	<input type="checkbox"/> Not a Veteran			
<input type="checkbox"/> Reservist	<input type="checkbox"/> Veteran Retired				
Loan Repayment Program Recipient (choose all that apply):					
<input type="checkbox"/> National Health Service Corps (NHSC)					
<input type="checkbox"/> Primary Care Resource Initiative for Missouri (PRIMO)					
If a PRIMO loan recipient, list the last year you received it:					
ACES (<i>AHEC Career Enhancement Scholars</i>) Participant:		Yes:	No:		
Contact Information					
MU email address:			Alternate email:		
Cell phone #:			Local phone # (if applicable):		
Hometown Street Address:			County:		
City:	State:		Zip:		
Emergency Contact Information					
Emergency Contact:			Relationship to you:		
Cell Phone:			Alternate Phone:		
Education					
Anticipated Med School Graduation year:					
Undergraduate School Attended:					
Street Address:			County:		
City:	State:		Zip:		
High School Attended:					
Street Address:			County:		
City:	State:		Zip:		

Number of Weeks

Please rank 1-2 with 1 being your first choice of the number of weeks you wish to complete during the Summer Community Program experience.

	4 weeks (\$1,000 Scholarship)
	6 weeks (\$1,500 Scholarship)

Locations

From the list of available sites, please rank your choices below and indicate if you will need housing). **You must rank at least 5 locations currently listed on the availability sheet.** Use “other” section to request an unlisted site. Rural Track staff cannot guarantee placement at an unlisted site. Please keep in mind there is limited availability at sites within a commutable distance from Columbia.

Ranking	Location	Will you require housing? (Y/N)
1		
2		
3		
4		
5		
OTHER		

Interests

Please indicate any special areas of interest (for example, primary care, child health, etc....):

List any additional information or circumstances reviewers should be aware of regarding your application for the Summer Community Program.

Application Questions

For each of the following questions, please respond with a minimum of 1 paragraph and a maximum of 3 paragraphs in length.

1. What are your reasons for applying for the Summer Community Program? (e.g. what do you hope to gain personally and professionally from this experience)
2. Are you currently planning to practice in a rural community after your residency or fellowship training? If so, why? If not, why not?
3. **JUNE 4th** is the official start date for the program. If you have a conflict with this start date or have a date request, please describe and we will do our best to accommodate you.