



William J. Crump, MD  
 Associate Dean  
 University of Louisville SOM  
 Trover Campus  
 200 Clinic Drive - 3rd Floor North  
 Madisonville, KY 42431

(270) 824-3490  
 (800) 217-9149  
 Fax: (270) 824-3590  
 Fax: (270) 824-3560

**Requirement for the College Rural Scholar Program:**

**PROGRAM DATES: 7/8/24-7/26/24**

Graduation from a high school in one of the designated counties with GPA  $\geq$  3.4 and ACT  $\geq$  24.  
 College GPA  $\geq$  3.0 at a participating college

Name: \_\_\_\_\_

Email: \_\_\_\_\_

College mailing address: \_\_\_\_\_

Permanent mailing address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone:  
 (     ) \_\_\_\_\_

Cell/Other #:  
 (     ) \_\_\_\_\_

Name of High School graduated: \_\_\_\_\_

County of High School: \_\_\_\_\_

University/College Attending: \_\_\_\_\_

Class: (Freshman, Sophomore, Junior, Senior) \_\_\_\_\_

Month and year you began college: \_\_\_\_\_

Expected date of college graduation: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Year you plan to begin medical school: \_\_\_\_\_

Extended family living in Kentucky:  
 \_\_\_\_\_ No \_\_\_\_\_ Yes

Are you a Kentucky resident?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes

Where?: \_\_\_\_\_

Best composite ACT score: \_\_\_\_\_

Cumulative High School GPA (on a 4.0 scale, unweighted): \_\_\_\_\_

Previous experience with shadowing physicians or health career activities (please also include city and state of shadowing experience):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous volunteer community service/leadership activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My specific reasons for applying to be a College Scholar are:

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Two letters of recommendation must be submitted, prior to the deadline below, by **FACULTY** who have taught you in college. Ask your references to mail or email their letters of recommendation to the address noted at the bottom of this application before the deadline of **MARCH 8, 2024** **Please list the names of those who are submitting recommendations below:**

Name	Name
Address	Address
_____	_____
_____	_____
Title	Title
_____	_____
Phone	Phone
( _____ )	( _____ )

This is to indicate my interest in the College Scholar Program.  
I have read and understand the requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DEADLINE for receipt of application and all supporting materials: MARCH 8, 2024**

*The application must be submitted to your Premedical advisor for consideration for recommendation. **Do not** submit your application directly to the U of L Trover Campus.*

**ADVISORS: Please submit in portrait mode, not landscape**

Attach a copy of your **OFFICIAL** college transcript(s) from **EACH** institution you have attended (*if you have attended 2 colleges, we need the official transcript from BOTH locations*), and a 2-3 page essay (12 pt font, double spaced) on "**The Role of the Rural Physician**". Please do NOT print front and back, single sided only.

**Mail, Email or Fax to:**

Kendall Denny - Pathways Coordinator  
U of L School of Medicine, Trover Campus  
200 Clinic Drive - 3rd Floor North  
Madisonville, KY 42431  
Fax (270) 824-3590  
kendall.denny@baptistdeaconess.com