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

**PROGRAM DATES: 7/9/25-7/25/25**

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:	Are you a Kentucky resident?
_____ No _____ Yes	_____ 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):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous volunteer community service/leadership activities:

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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 **FEBRUARY 14, 2025** **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.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEADLINE for receipt of application and all supporting materials: FEBRUARY 14, 2025**  
*The application and supporting material should be submitted to Nick Duncan.*

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.

**Email or Fax to:**  
Nick Duncan - Pathways Coordinator  
U of L School of Medicine, Trover Campus  
200 Clinic Drive - 3rd Floor North  
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Fax (270) 824-3590  
[nicholas.duncan@baptistdeaconess.com](mailto:nicholas.duncan@baptistdeaconess.com)