

The Ohio State University College of Medicine  
2012 MD Camp Application  
**Session: June 15 – July 6, 2012**

**I. Application Checklist**

1. Complete sections III, IV, V, and VI of the application below. NOTE: You will not be able to save the file, so plan on filling it out and printing it at the same time. We recommend typing responses in Microsoft Word and pasting responses into this document, so you won't lose your work.
2. Send the following to Leon McDougle (address given below):
  - i. Completed MD Camp application
  - ii. Two recommendation letters, at least one of which is from a math or science teacher
  - iii. Copy of the student's high school transcript

Leon McDougle, MD, MPH, Associate Dean  
Office for Diversity and Inclusion  
OSU College of Medicine  
061 Meiling Hall  
370 W. 9<sup>th</sup> Ave  
Columbus, OH 43210

**II. What else do you need to know?**

1. Application Deadlines:
  - i. **Application Deadline:** Applications must be postmarked by March 30, 2012.
  - ii. Early applicants will be given priority consideration for scholarships.
2. Applicants will be selected based upon their application and an interview process.
3. Final acceptance notifications will be mailed on or before May 4, 2012.
4. Accepted students will be required to attend a parent meeting on May 25, 2012
5. **Need based scholarships are available.**
6. For more specific information about MD Camp, click on the link below to visit our website:

<http://go.osu.edu/mdcamp>

7. If you have any questions or concerns please contact:
  - i. Christopher Kobe at: (614) 584-7464
  - ii. Dr. Leon McDougle at: (614) 688-8489

### III. Participant Information

Name	(First)	(Middle)	(Last)
Date of Birth:			Gender:
High School:			
Graduating School Year:		Cumulative GPA:	
If known: ACT Score M                      V		SAT Score M                      V	
Home Address:			
City		State	Zip
Phone:	E-Mail Address:		County
Race/Ethnicity:			
Parent(s) or Guardian:			
Highest level of education obtained by parent(s) or guardian:			
How did you hear about MD Camp: (check all that apply) <input type="checkbox"/> I Know I Can Counselor <input type="checkbox"/> Science Teacher <input type="checkbox"/> OSU Medical Student <input type="checkbox"/> Newspaper Advertisement Other:			

### IV. Activities and Interests *(Please include years and duration of those activities pursued only while in high school.)*

Extracurricular activities (Awards Received, Leadership Positions Held):
Community Service:
Work Experience:
Interests and Hobbies:

**V. Financial Information** (to be completed by Parent/Guardian)

If you are seeking financial assistance, the questions below are required to be considered for any scholarship. The information provided in this form is completely confidential. If you are not seeking assistance, please skip this section. If additional space is needed, use the backside.

1. How many people live in your household?		
2. In the box below, fill out the information for the number of individuals answered in question		
Name of Individual	Relationship to Student	2010 Total Gross Income
3. Does your child receive free or reduced lunch?	Free <input type="checkbox"/>	Reduced (%) <input type="checkbox"/> No <input type="checkbox"/>
<i>If you receive free/reduced lunch please include documentation for need based scholarship consideration.</i>		
4. Is there anyone who does not reside at your household but provides support to your household? (check one)      Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, how much can they contribute or explain the circumstances?		
5. Are there any special financial circumstances that you would like to make us aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please Explain:		

\*\*\* Please note that if there is further clarity needed or any necessary documentation, you will be contacted. Additionally, if you have any questions please do not hesitate to contact those individuals provided in the cover letter of the application.

VI. **Essays** – Please type all responses

A. The role of a doctor is to help others in the community. Describe an extracurricular activity/community service experience in which you helped others in the community. How was the experience meaningful or important to you? (250 word maximum).

B. In the space provided, describe the greatest challenge you have faced and how you worked to overcome that challenge. (250 word maximum)

C. Essay: In the space provided, or on a separate page, please compose an essay (500 words maximum) on the following topic: "Why I want to attend MD Camp." In your essay, please be sure to include what you hope to learn and experience during MD Camp.

## VI. Signature

I certify to the best of my knowledge that all of the information provided in this application is accurate.

Student Signature:	Date:
Parent/Guardian Signature:	Date:
School Official Signature:	Date:
<i>i.e. academic advisor, guidance counselor, principal, etc.; <b>please no teachers</b></i>	