



THE FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

To: FSU Honors Medical Scholars Program Applicants

To qualify for consideration, you must have received an invitation to The Florida State University Honors Program. Your Honors Medical Scholars Program application will not be evaluated until you have received admission to the Honors Program, a completed application is received in the Honors Office, and your letters of recommendation are received by the College of Medicine.

Please provide the information requested in this package and return it to the University Honors Program Office by February 10, 2012, at the address listed below:

University Honors Program
The Florida State University
A3600 University Center
Tallahassee, FL 32306-2380

Forms included in this application package:

- Biographical Questionnaire
- Family Information
- Financial Information
- Future Undergraduate Plans
- Future Career Information
- Self-Critical Analysis
- Student Profile
- Letters of Recommendation Form

Identify and direct the three individuals you identified as references to mail recommendation letters on your behalf to:

Honors Medical Scholars Program
The Florida State University College of Medicine
1115 West Call Street, MSB G117-C
Tallahassee, FL 32306-4300

These letters should be received no later than February 10, 2012. Please send an e-mail to Honors.Medical@med.fsu.edu if you have questions about the application. You are responsible for ensuring that all your letters have been received by the deadline. Your application will be considered incomplete if missing letters of recommendation.

Acceptance to the Honors Medical Scholars Program does NOT guarantee on-campus Honors housing. Please sign below stating that you understand that this program does not guarantee Honors housing or any other on-campus housing. Students wishing to live on-campus must submit a separate Housing application to the University Housing Office. Housing applications should be submitted as soon as possible as housing is assigned on a first come, first served basis. Contact University Housing for more information: (850) 644-2860, www.housing.fsu.edu.

Signature

Date

**THE FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE
HONORS MEDICAL SCHOLARS PROGRAM APPLICATION**

BIOGRAPHICAL QUESTIONNAIRE

1. Date: _____
 Month Day Year
2. Name: _____
 Last First Middle Nickname
3. Date of Birth: _____
 Month Day Year
4. Sex: _____ Male _____ Female
5. Self-Description:
 White-Non Hispanic Hispanic
 Native American Black-Non Hispanic
 Asian/Pacific Other: _____
6. Birthplace: _____
 City State Country
7. Home Address: _____
 Number Street Apt. # City State Zip
- Home Phone Number: _____ Cell Phone Number: _____
8. E-mail Address: _____ (for receiving program information)
9. Are you a legal resident of Florida? Yes No
If Yes, County? _____ If No, State or Country? _____
10. Country of Citizenship: _____
If a Foreign Citizen, how long have you lived in the USA? _____
Are you a Permanent Resident of the US? _____
11. Name of your High School: _____
Year of Graduation: _____
High School Location: _____
 City State Country
How many students are in your graduating class? _____
12. Test Scores
SAT: _____ Date Taken: _____ Did Not Take:
 Total Reading Math Writing
ACT: _____ Date Taken: _____ Did Not Take:

13. Please list all college course credits you will have earned prior to matriculation to FSU. Include all AP, dual enrollment, IB or other earned credit. Please attach additional pages if needed.

Course: _____ Credit Earned _____ I plan to repeat this course in college

Course: _____ Credit Earned _____ I plan to repeat this course in college

Course: _____ Credit Earned _____ I plan to repeat this course in college

Course: _____ Credit Earned _____ I plan to repeat this course in college

Course: _____ Credit Earned _____ I plan to repeat this course in college

Course: _____ Credit Earned _____ I plan to repeat this course in college

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Course: _____ Credit Earned _____ I plan to repeat this course in college

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Course: _____ Credit Earned _____ I plan to repeat this course in college

Course: _____ Credit Earned _____ I plan to repeat this course in college

FAMILY INFORMATION

14. Father's Name: _____

Is Father Living? Yes No Last First
If Father is deceased, go to number 16

Is Father's address the same as your home address? Yes No
If Yes, go to number 15

Father's Address: _____
Number Street Apt. # City State Zip

Father's Phone Number: _____

15. Father's Occupation: _____
Father's Highest Level of Education: _____ (Use Code Number From Below)

- | | |
|------------------------------|---|
| 1. Grammar School | 8. Some Graduate School (But No Adv. Degree) |
| 2. Middle School | 9. Master's Degree |
| 3. High School | 10. Doctorate (Ph.D) |
| 4. Junior College (Non-Grad) | 11. Veterinarian |
| 5. Junior College (Grad) | 12. Dentist (DMD or DDS) |
| 6. 4 Year College (Non-Grad) | 13. Physician (MD) |
| 7. 4 Year College (Grad) | 14. Other Advanced Degree (Beyond Bachelor's) |

16. Mother's Name: _____

Is Mother Living? Yes No Last First
If Mother is deceased, go to number 18

Is Mother's address the same as your home address? Yes No
If Yes, go to number 17

Mother's Address: _____
Number Street Apt. # City State Zip

Mother's Phone Number: _____

17. Mother's Occupation: _____
Mother's Highest Level of Education: _____ (Use Code Number From Below)

- | | |
|------------------------------|---|
| 1. Grammar School | 8. Some Graduate School (But No Adv. Degree) |
| 2. Middle School | 9. Master's Degree |
| 3. High School | 10. Doctorate (Ph.D) |
| 4. Junior College (Non-Grad) | 11. Veterinarian |
| 5. Junior College (Grad) | 12. Dentist (DMD or DDS) |
| 6. 4 Year College (Non-Grad) | 13. Physician (MD) |
| 7. 4 Year College (Grad) | 14. Other Advanced Degree (Beyond Bachelor's) |

18. I am the _____ of _____ children in my family.
(1st, 2nd, etc.)

FINANCIAL INFORMATION

19. Who is the major income producer for your family?
 Father Mother Spouse Self Other (Specify): _____
20. Estimate the gross annual Income for your family:
 Less than \$10,000 \$20,000-\$30,000 \$40,000-\$100,000
 \$10,000-\$20,000 \$30,000-\$40,000 More than \$100,000
21. How do you expect to finance your medical education?
Parents, Spouse, Self: 25% 50% 75% 100%
Loans, Scholarships: 25% 50% 75% 100%

FUTURE UNDERGRADATE PLANS

In order to provide the best and most individualized advising for students, please respond to the following questions to the best of your ability. We understand that plans are subject to change. Knowing this information in advance will help us to advise and mentor students while at FSU.

22. How many years do you plan to spend in your undergraduate education (bachelor's degree)?

_____ years

23. Are you interested in pledging in any fraternity or sorority while at FSU?

- Yes
 No
 Undecided, but likely
 Undecided, but not likely

24. Are you interested in participating in research as an undergraduate? If so, which of the following areas are of interest?

- | | |
|---|---|
| <input type="checkbox"/> Biology | <input type="checkbox"/> Public policy, public health |
| <input type="checkbox"/> Biomedical science | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Physics | <input type="checkbox"/> Geriatrics |
| <input type="checkbox"/> Neuroscience | <input type="checkbox"/> Rural health |
| <input type="checkbox"/> Cell biology | <input type="checkbox"/> Other area _____ |
| <input type="checkbox"/> Chemistry | <input type="checkbox"/> Undecided, but likely to participate |
| <input type="checkbox"/> Medical humanities | <input type="checkbox"/> Undecided, but not likely to participate |

FUTURE CAREER INFORMATION

25. At what age did you think that you wanted to be a physician?
 Before age 10 Between 10&13 Between 14&17 Age 18 or older

26. In this space, briefly describe why you want to become a physician.
Limit: 150 words.

27. From the categories listed below, rank the top three that describe why you think you would like to be a physician. Number 1, 2, and 3 in the appropriate spaces:

- | | |
|---|---|
| <input type="checkbox"/> Family in health profession | <input type="checkbox"/> Freedom from supervision- being your own boss |
| <input type="checkbox"/> Doing work involving scientific research | <input type="checkbox"/> Opportunity to exercise leadership and authority |
| <input type="checkbox"/> The fact that the physician is respected in the community | <input type="checkbox"/> Having the knowledge to help others |
| <input type="checkbox"/> Ability to deal directly with people | <input type="checkbox"/> Working with sophisticated medical technology |
| <input type="checkbox"/> Being sure of a good income | |
| <input type="checkbox"/> Involvement in the problems and advances of medical technology | |

28. Indicate the one type of medical career which you plan to devote the majority of your professional efforts:

- | | | |
|--|--|---|
| <input type="checkbox"/> Primary Care Specialty | <input type="checkbox"/> Other Specialty Practice | <input type="checkbox"/> Research and/or Teaching |
| <input type="checkbox"/> Combination of General Practice and Research/Teaching | <input type="checkbox"/> Combination of Specialty Practice and Research/Teaching | <input type="checkbox"/> Undecided |

29. In this space, briefly explain your choice about the type of medical career you are considering.
Limit: 150 words.

30. What was the population of the town you grew up in? _____

31. In which size community do you think you will practice?

- | | |
|---|--|
| <input type="checkbox"/> Large Metro Area (pop>100,000) | <input type="checkbox"/> Inner City |
| <input type="checkbox"/> Small City (pop. 50,000-100,000) | <input type="checkbox"/> Large Town (pop. 10,000-50,000) |
| <input type="checkbox"/> Small Town (pop. < 10,000) | <input type="checkbox"/> Rural Area |
| <input type="checkbox"/> Other City Area | <input type="checkbox"/> Suburb |

32. In this space, briefly explain why you would like to practice in this size community.
Limit: 150 words.

33. What other careers have you considered? Why?
Limit: 150 words.

34. I certify that the information given on this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

SELF CRITICAL ANALYSIS

In the space below, write, in your own handwriting, a critical analysis of your personal and scholastic qualifications, what motivates you and what sets you apart from other applicants who plan to study medicine and whose goal is to become a physician.

Signature: _____ Date: _____

Name (Printed)

STUDENT PROFILE

Please provide the following information in the order recommended below.

For each of your work and volunteer experiences, please provide the following information:
Experience type, description, contact name and title, organization name, location (city and state), dates of involvement, and hours per week.

I. Work Experience- - Health Related

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II. Work Experience- - Non-Health Related

--

III. Volunteer Work- - Health Related

--

IV. Volunteer Work- - Non-Health Related

--

V. Extracurricular Activities

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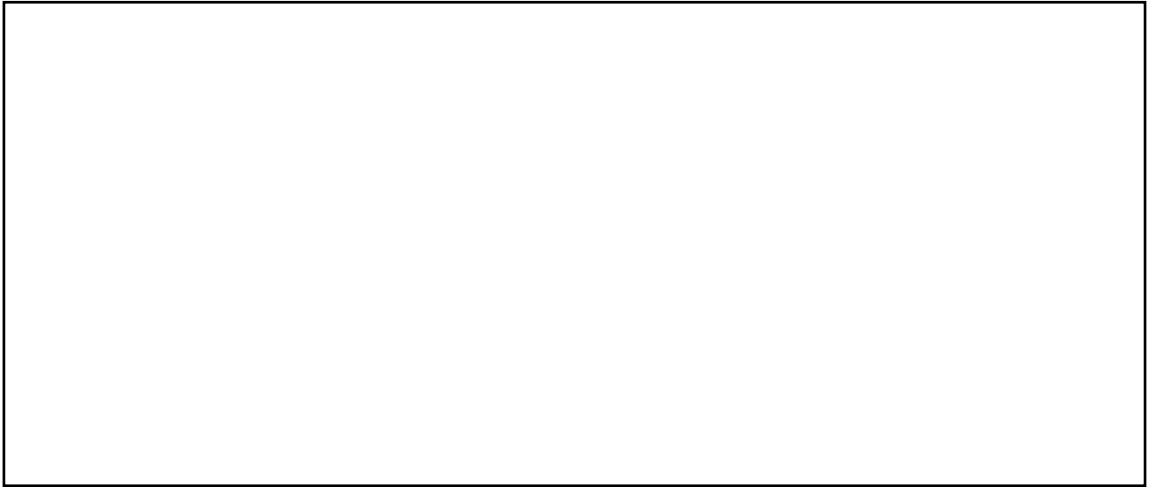
VI. Honors and Recognition

--

VII. Travel

--

VIII. Fun and Diversions

A large, empty rectangular box with a black border, intended for the applicant to provide details about their fun and diversions.

IX. Miscellaneous

A large, empty rectangular box with a black border, intended for the applicant to provide miscellaneous information.

X. Parents and Siblings

A large, empty rectangular box with a black border, intended for the applicant to provide information about their parents and siblings.

Mail your completed application package by February 10, 2012 to:

**University Honors Program
The Florida State University
A3600 University Center
Tallahassee, FL 32306-2380**

Your letters of recommendation and form indicating which teachers will be writing your letters should be mailed to the address indicated on the following page.

Your application will not be evaluated until you have been admitted to The Florida State University and the Honors Program.

LETTERS OF RECOMMENDATION FORM

Please mail this form to the address indicated below, separately from your application.

Applicant Name: _____

Phone Number: _____

E-mail Address: _____

Please identify two teachers and one personal reference below (give name, title, and address) who will write recommendation letters on your behalf. A guidance counselor is not considered a teacher but may serve as a personal reference.

Letters should be mailed to:

Honors Medical Scholars Program
The Florida State University College of Medicine
1115 West Call Street, MSB G117-C
Tallahassee, FL 32306-4300

Teacher #1

Name: _____

Title: _____

Address: _____

Number Street City State Zip

Teacher #2

Name: _____

Title: _____

Address: _____

Number Street City State Zip

Personal Reference

Name: _____

Title: _____

Address: _____

Number Street City State Zip

Mail this completed form to the address listed above. Please do not send this form with your application packet as the letters of recommendation are processed separately from your application. Thank you.