MEMORANDUM:

TO: Applicants of the 2012 Summer Program for Future Doctors
    Matriculating Component

FROM: Richard H. Ray, Ph.D.
      Director, Summer Program for Future Doctors

SUBJECT: APPLICATION MATERIALS

Attached are your application materials for the Summer Program for Future Doctors at
the Brody School of Medicine at East Carolina University in Greenville, North Carolina.
Please complete or address all items and return application by March 2, 2012. If you have
any questions, please call Medical Education & Student Development at (252) 744-2500.
INSTRUCTIONS

The Summer Program for Future Doctors, coordinated by the Office of Medical Education & Student Development (OME&SD), is sponsored by the Brody School of Medicine at East Carolina University. The program is scheduled for eight weeks starting May 14 and ending July 12, 2012.

Please type or print your responses in black ink. Acknowledge or address each item. If you find it necessary to elaborate on any items, use additional sheets. Please write your last name on each additional page.

It is your responsibility to keep OME&SD informed of any changes in your personal status. All recommendations and application materials should be mailed to:

Brody School of Medicine  
at East Carolina University  
Medical Education & Student Development  
Summer Program for Future Doctors  
2N64 Brody Medical Sciences Building  
Mail Stop 647  
600 Moye Boulevard  
Greenville, North Carolina 27834

ADMISSION NOTIFICATION DATES

A completed application must include the following items for full consideration by the Admissions Committee:

_________Official Application  
_________Release Form for AMCAS Application

All information needed to complete this application must be submitted by March 2, 2012.

Interested students admitted to Brody School of Medicine after the deadline should call OME&SD.
GENERAL INFORMATION

☐ Ms. ☐ Miss ☐ Mrs. ☐ Mr.       Name: ___________________________

Birthdate: ___________________________       Permanent Address: __________________________

Month/day/year

Current Address: ___________________________       City/State/Zip: __________________________

City/State/Zip: ___________________________       Telephone: Area Code (    ) ____________

Telephone: Area Code (    ) ____________       Email: ________________________________

Please notify the OME&SD office of any change in address or phone number.

Gender: ☐ Male ☐ Female

How do you describe yourself? Please check one:

☐ Black/African American       ☐ Native American/Alaskan Native

☐ White/Caucasian       ☐ Hispanic

☐ Asian American       ☐ Other: ________________________________

Have you participated in any other summer program(s)? If so, list program(s).
STATISTICAL INFORMATION

Listed below is information we need for statistical reporting. Funding agencies often use these statistics in their decisions regarding the continuation or termination of funding for projects and programs such as the Summer Program for Future Doctors. These data are reported by us in group data form; no individuals are identified. It is imperative that you respond to each item. Your assistance is valuable and appreciated. Thank you.

Marital Status:  □ Single    □ Married    □ Divorced
Dependents____________

Home Community:  Indicate the type of community you consider "home", i.e., the place you have spent the majority of your time (outside of school) for the past ten years.

□ Metro > 100,000    □ Non Metro < 100,000

Primary (main) college/university you attend(ed):

□ Private    or    □ State    □ Metro    or    □ Non-metro

FAMILY BACKGROUND

Father/Guardian: ____________________________
Occupation: ________________________________
Residence: _________________________________
City/State/Zip: _____________________________
Education: __________________________________
    □ High School Grad    □ College
    □ Graduate School

Mother/Guardian: ____________________________
Occupation: ________________________________
Residence: _________________________________
City/State/Zip: _____________________________
Education: __________________________________
    □ High School Grad    □ College
    □ Graduate School

How did you find out about this program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Affirmation

Affirmation:  I attest and affirm that I have not knowingly provided false and inaccurate information on this application. All information is true and correct to the best of my knowledge.

Signed:  

This signature must be legible.
Personal Letter of Interest – This MUST be completed.
Write a brief letter of interest explaining why you want to participate in the Summer Program for Future Doctors. What do you hope to achieve / gain / experience?

Name: ___________________________________________________________
I, ________________________________, give my permission for the Admissions Office of Brody School of Medicine at East Carolina University School of Medicine to release a copy of my AMCAS application, transcripts, letters of recommendation, and essay to Academic Support and Enrichment Services. The above information is to be used towards my application for the Matriculating Component of the Summer Program for Future Doctors.

Please return this form, along with the above information, as soon as possible to:

Medical Education & Student Development
2N64 Brody Building
600 Moye Boulevard
Greenville, NC 27834
(252) 744-2500

Signature _____________________________ Date ___________________