

RURAL MEDICAL & SCIENCE SCHOLARS 2023

# ****Summer 2023**** ****Face to face Delivery**** ****2 ½ Weeks on Campus****

Thank you so much for your interest in the Rural Medical & Science Scholars program. The following pages include the application and instructions for forwarding to MSU:

Before applying, please check that you meet all of the following eligibility requirements:

* During the summer of 2023, I will be between my junior and senior year of high school
* I have achieved a minimum composite ACT score of 20 (*lower composite scores will not be considered)*
* My high school grades are in line with my ACT scores
* I am a Mississippi resident
* YES, I WANT TO LEARN ABOUT A CAREER IN HEALTH OR SCIENCE!!!

Before proceeding with this application, please read the FAQs found at [extension.msstate.edu/rms](http://extension.msstate.edu/content/frequently-asked-questions-rms)

Do not apply unless you are able to attend the entire program from June 10- June 29, 2023.

To be considered, the following must be completed and emailed by the school’s guidance counselor no later than April 1, 2023:

* Completed RMS Application (incomplete or ineligible applications will not be reviewed).
* Official transcript including grades from the first semester of the applicant’s junior year.
* Qualifying ACT Scores (minimum composite score 20).

All of the above are required and must be emailed to:

Ms. Jasmine Harris-Speight

Program Director

Mississippi State University Extension

Department of Food Science, Nutrition, and Health Promotion

[jrh667@msstate.edu](mailto:jrh667@msstate.edu)

*We look forward to reviewing your application and, hopefully, to having you join us this summer*



# RURAL MEDICAL & SCIENCE SCHOLARS STUDENT APPLICATION

# SUMMER 2023

# June 10 – June 29, 2023 Face to Face Delivery

Student Information

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(last, first, middle initial)

1. Sex: \_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_
2. Hometown Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or P.O. Box) (Town) (Zip code)

1. Hometown County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Your e-mail address (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Your cell phone number (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Are you a member of 4-H? Yes\_\_\_\_ No\_\_\_\_ If yes, in which county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Nickname (*provide* *only if you prefer to be called by one*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Do you need financial assistance for this program? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

(*Limited scholarships will be available on a financial need basis.)*

If you checked yes to the above question (no. 9), you must complete question (no. 22) to be considered for the financial need-based scholarship.

High School Information

1. High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year you graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. High School Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or P.O. Box) (Town) (Zip code)

1. School Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Counselor’s telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you receive free or reduced meals? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Parent/Guardian Information

Preferred Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent(s) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Home telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Work telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant completes this page**

Essay Questions (150 minimum word count on each essay question)

1. Give three examples of leadership experiences you have had in the last two years. Explain how these experiences have shaped you as a person. *Please do not use abbreviations for clubs, etc.*
2. Explain what community service means to you, and give three examples of community service that you’ve performed within the last two years. *Please do not use abbreviations for community achievements, etc. List each entry with bullets or with numeric status, so easier to read.*

**Applicant completes this page**

1. Why would you like to attend this program? Explain your desire to learn about medicine or a STEM related field.
2. Describe a failure in your life that you transformed into a productive learning experience.

1. Why do you need this financial need-based scholarship?
2. Please attach a copy of your resume with work experience, skills, and service.

\**A final note – questions 19, 20, 21, and 22 are very important. These questions help us understand why you should be given this opportunity.*

**Parent completes this page**

# ACCEPTANCE STATEMENT

The program fee of $2600 includes program application fee, tuition, housing, textbooks, program/workshop materials, and food. You will need to cover weekly food cost during the program. You must agree to attend for the full length of the program (no absences allowed). The program will run from Saturday, June 10 through Thursday, June 29, 2023. The Scholars will be required to stay on campus during the program. This is an academically challenging program that will require a serious effort and time commitment on the part of the chosen Scholars. A $100 program application fee will be requested once you have been accepted into the Scholars program. Even if you are awarded a scholarship, you will still be required to pay the $100 application fee. If selected, I agree to these terms.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student)

# PARENTAL PERMISSION STATEMENT

I hereby grant permission for my son/daughter to apply for the Rural Medical & Science Scholars program and for school officials to report my child’s achievements and grades. I understand that if my son/daughter is accepted they will be required to attend the entire program (no absences allowed) from June 10 through June 29, 2023 and has my permission to live on campus during the program. I understand that if my son/daughter is accepted I will be responsible for his/her total program fee of $2600 unless covered by a scholarship.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian)

**Teacher completes this page**

# RURAL MEDICAL & SCIENCE SCHOLARS SCHOOL RECOMMENDATION FORM

(INFORMATION FROM SCHOOL PERSONNEL ON STUDENT APPLYING

FOR RURAL MEDICAL & SCIENCE SCHOLARS PROGRAM. CONFIDENTIALITY WILL BE HONORED.)

1. Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(first) (middle) (last)

1. School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street or P.O. Box) (Town) (Zip code) (County)

1. TEACHER: THIS INFORMATION IS CONFIDENTIAL. Please state why you think this student would benefit from participating in the Rural Medical & Science Scholars Program and what he or she would contribute to the other scholars. Comments should be made regarding the student’s ability and potential for success as a college student and, eventually, as a career in health or STEM. This is an academically challenging program that will require a serious effort and time commitment on the part of the chosen scholars. Use the space provided, then sign at the bottom of the page. Upon completion, please forward the application to the guidance counselor.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature\* Date

\* This signature is required for the student to be considered by the selection committee.

1. Include any additional information here from other faculty members or school administrators that would assist the screening committee in making their selections.

## ACADEMIC ENDORSEMENT

Email a readable *OFFICIAL* transcript of this student’s grades and *ACT scores* to this email address provided below. *THE TRANSCRIPT MUST INCLUDE THE FIRST SEMESTER OF THE STUDENT’S JUNIOR YEAR*. Please include any citizenship grades.

We have discussed pertinent information on this form with this student and agree that he/she is genuinely interested in participating in the Rural Medical & Science Scholars Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Signature\* Date Phone Number

Send official transcript and ACT Scores to contact below.

Jasmine Harris-Speight, Program Director, [jrh667@msstate.edu](mailto:jrh667@msstate.edu)

\* This signature is required for the student to be considered by the selection committee.