



Early Medical School Acceptance Program
The University of Texas Medical Branch - School of Medicine
CURRENT COLLEGE STUDENT APPLICATION

PLEASE PRINT AND MAIL TO APPROPRIATE ADDRESS (see last page of application for addresses).

Date: _____

Please check the college you attend (as of 1/2016):

___ PVAMU

___ TSU

___ UTEP

___ TAMIU

___ UTRGV - Brownsville

___ UTRGV - Edinburg

I. PERSONAL DATA:

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Number of years at this address: _____

Phone Number: _____ Cell Phone Number _____

Date of Birth: _____ Place of Birth: _____

Male: _____ Female: _____ Email Address _____

Are you a Texas resident? Yes _____ No _____ How many years have you lived in Texas? _____

Are you a United States citizen? Yes _____ No _____ If not, what is your citizenship? _____

Provide the Visa type or Resident Status: _____ Date issued: _____

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations, or have you ever received a felony or misdemeanor deferred adjudication? Yes _____ No _____
As applicant need not disclose information about a juvenile or criminal record that has been sealed or expunged. Failure to disclose information may result in the applicant being denied admission. If yes, explain fully including dates.

(Do not include routine traffic violations; but DWI, DUI & DWL are not routine traffic violations and must be listed.)

2. EDUCATIONAL DATA (Please attach a copy of all your official College transcripts to this application.)

High School Name: _____

High School Location (City): _____ Graduation Date: _____

High School Class Rank: _____ Composite SAT Score: _____ Date taken: _____

High School GPA: _____ Composite ACT Score: _____ Date taken: _____

College start date (mm/yyyy): _____ Expected Graduation Date (mm/yyyy): _____

Total College Credit Hours _____ Cumulative GPA _____

Current College Classification: _____

Have you taken the Medical College Admissions Test (MCAT)? Yes _____ Date and Score _____

No _____ Plans to take MCAT _____

3. FAMILY HISTORY AND DATA:

Father's Name: _____ Highest Educational level: _____

Father deceased? Yes _____ No _____ Date Deceased (mm/yyyy): _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Mother's Name: _____ Highest Educational level: _____

Mother deceased? Yes _____ No _____ Date Deceased (mm/yyyy): _____

Occupation: _____ Employer: _____

Business Address: _____ Business Phone: _____

Number of siblings: _____ Ages: _____ Number of siblings attending college: _____

How many generations has your family lived in the state of Texas? _____

Is English your first language? Yes _____ No _____ If no, what is your first language? _____

What is the predominant language spoken in your home? _____

Please list all languages in which you are fluent (other than English). _____

4. FINANCIAL DATA:

Do you currently support any minor dependents? Yes _____ No _____ If yes, list ages: _____

Are you eligible to receive a PELL GRANT from FASFA? Yes _____ No _____

Is your Estimated Family Contribution (EFC) below \$8000? Yes _____ No _____ If yes, list EFC: _____

What was your parents after-taxes income for the recent tax year: (check one)

0-\$10,000 \$30,001-\$40,000 \$60,001-\$70,000 \$90,001 - \$100,000
 \$10,001-\$20,000 \$40,001-\$50,000 \$70,001-\$80,000 Over \$100,000
 \$20,001-\$30,000 \$50,001-\$60,000 \$80,001-\$90,000

If your family owned a home, please estimate the value of the home. (check one)

Less than \$70,000 \$80,001-\$90,000 \$100,001-\$110,000
 \$70,001-\$80,000 \$90,001-\$100,000 Over \$110,000

Type of community/neighborhood in which you grew up (city, inner city, suburban, town, rural): _____

Definitions: **City** – population more than 100,000; **Inner City** - current part of the city, densely populated and low income;
Suburban – residential area adjacent to a city; **Town** – population 50,000-100,000; **Rural** – county and/or farming area

List all full- and part-time employment experiences including summers that you have held for the past two years. Use a separate sheet if necessary.

Company/Organization	Position	Dates	Hours per week

5. BIOGRAPHICAL DATA

a. List any academic honors, awards, and other recognitions received while in high school and to the present.

b. List any leadership roles or positions of responsibility held in the last 4 years.

c. List any health-care related community service, volunteer, or employment experiences you have participated in the last 4 years.

d. List any non health-care related community service or volunteer activities you have participated in past 4 years.

e. List extracurricular activities you have participated in the past 4 years.

f. What have you done during college to help prepare to apply to medical school?

5. Personal Statement:

Please provide a statement (in the space provided below) detailing an interest in and commitment to completing a college education, the benefits of EMSAP, and interest in a career in medicine.

I certify the information provided in the above application is complete and correct to the best of my knowledge. (Please sign and date after printing completed document).

Signature: _____ Date: _____



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Supplemental Data Request Form

Please check the University you will attend (as of 1/2016):

- | | | |
|--------------------------------|--|--|
| <input type="checkbox"/> PVAMU | <input type="checkbox"/> TSU | <input type="checkbox"/> UTEP |
| <input type="checkbox"/> TAMIU | <input type="checkbox"/> UTRGV – Brownsville | <input type="checkbox"/> URGV - Edinburg |

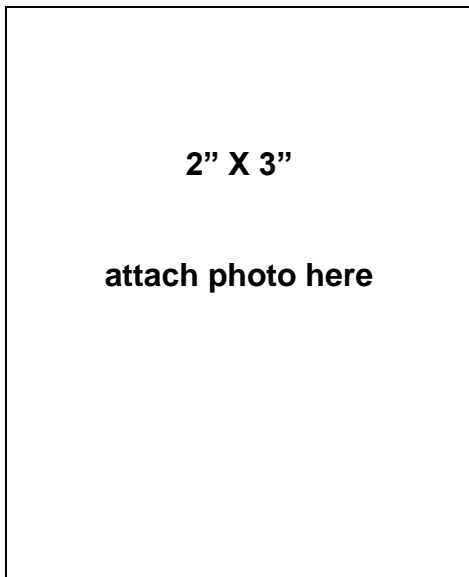
(Name)

____ - ____ - ____
(Date of Birth)

1. Please indicate your race or ethnic group as follows:

- | | |
|---|---|
| (1) <input type="checkbox"/> American Indian/Alaskan Native | (6) <input type="checkbox"/> Other Hispanic |
| (2) <input type="checkbox"/> Black/African American | (7) <input type="checkbox"/> White/Caucasian |
| (3) <input type="checkbox"/> Asian/Pacific Islander | (8) <input type="checkbox"/> Other (specify): _____ |
| (4) <input type="checkbox"/> Mexican American | (9) <input type="checkbox"/> Unreported |
| (5) <input type="checkbox"/> Puerto Rican (Mainland) | |

2. Photographs are requested to assist the committee members in identifying and remembering applicants being considered for acceptance in the EMSAP.



**Please submit one photograph.
It should be a recent photo
and approximately 2" X 3" in size.**

Please print name on back of photograph.