

Still Scholars Early Acceptance Program Application

Required Documents for Application

To ensure your application is complete, please check that the following documents are submitted by **August 1**:

- 1. General Application Information Form
- 2. Record of Experiences
- 3. Evaluator Information Form
- 4. Essay Questions (4)
- 5. Exclusive Application Agreement
- 6. All Official Academic Transcripts (Required from all undergraduate institutions attended.)
- Please request that your official transcript(s) be mailed directly from your institution(s) to the address below. *Transcript(s) need to be received by August 1.*

Please mail completed application materials to:

Andrea O'Brien, M.S.
ATSU-KCOM Still Scholars Program
800 W. Jefferson St.
Kirksville, MO 63501

Applications must have a postmark date on or before August 1 to be guaranteed consideration for the program.

Applicants will be notified by September 15 regarding the status of their application. Thank you for your interest in the ATSU-KCOM Still Scholars Early Acceptance Program.

Notice of Nondiscrimination

A.T. Still University of Health Sciences (ATSU) does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, or veteran status in admission or access to, or treatment or employment in its programs and activities. Dating violence, domestic violence, sexual assault (e.g., non-consensual sexual contact/intercourse), stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU. Any person with questions concerning ATSU's nondiscrimination policies is directed to contact:

- Missouri campus - Lori Haxton, vice president for student affairs
(660) 626-2236; lhaxton@atsu.edu, 800 W. Jefferson St., Kirksville, MO 63501
- Arizona campus - Michael Zajac, associate vice president for student affairs
(480) 219-6026; michaelzajac@atsu.edu, 5850 E. Still Circle, Mesa, AZ 85206

Any person with questions concerning ATSU's Title IX compliance is directed to contact:

- John Gardner, Title IX coordinator
(660) 626-2113; johngardner@atsu.edu, 800 W. Jefferson St., Kirksville, MO 63501

In compliance with the Clery Act and Section 86 of DOE regulations, the University makes available to all prospective students, admitted students, and current students: ATSU's Annual Security and Fire Safety Report (ASR) and Drug and Alcohol Abuse Prevention Program (DAAPP). The ASR may be found online at atsu.edu/asr or atsu.edu/security. The DAAPP may be found online at atsu.edu/daapp. Printed copies for each report may be requested from mostudentaffairs@atsu.edu.

General Application Information Form

Please complete the following information.

Name

Last: First: Middle:

If you have educational materials under another name, please list name(s):

Current Address

Street Address: Apartment/Unit #:

City: State: Zip: Telephone:

Email Address:

Permanent Address

Street Address: Apartment/Unit #:

City: State: Zip: Telephone:

Date of Birth **Gender** **Race (optional)**

Ethnicity (optional) Are you Hispanic or Latino?

Citizenship

Are you a U.S. Citizen? Yes No

If you are not a U.S. citizen, do you have an I-551 (green card) visa? Yes No

If yes, what is your I-551 (green card) visa number?

If you are not a U.S. Citizen or permanent resident, please indicate your country of birth:

Academic Record

College Name: Date of Attendance: to

Major: Expected Graduation Date:

College Name: Date of Attendance: to

Major: Expected Graduation Date:

Is your Cumulative AND Science GPA above a 3.40? Yes No **ACT/SAT Score**

(Please request your official transcripts showing all college coursework to be sent to ATSU-KCOM Admissions.)

Advisor Information

Name: Title:

Email Address: Telephone:

List the names, relationship, and graduating institution of relative(s) in the following professions:

Osteopathic profession:

Allopathic profession:

Evaluator Information Form

Three evaluations, not written by individuals related to the applicant either by blood or marriage, are required to complete an application for the Still Scholars program:

- Evaluation I** from an advising professor or science faculty member
- Evaluation II** from a physician (D.O. or M.D.)
- Evaluation III** from an extra-curricular or community organization advisor

Please list the names and addresses of the individuals who will write your required letters of evaluation. Your file will not be complete, nor will you be considered for the Still Scholars program until these three required evaluations are received.

An optional evaluation form is available for evaluators to use as a reference. [Click here to download the form.](#)

Evaluation I

I voluntarily waive and relinquish my right of access to this evaluation.

Advising Professor or Science Faculty Member

I retain my right of access to this evaluation.

Name: Degree:

Academic Rank or Title: Department:

College or University:

Address:

City: State: Zip:

Email Address: Telephone:

Evaluation II

I voluntarily waive and relinquish my right of access to this evaluation.

Physician (D.O. or M.D.)

I retain my right of access to this evaluation.

Name: Degree:

Medical School Attended (D.O. or M.D.): Year of Graduation:

Name of Clinic:

Address:

City: State: Zip:

Email Address: Telephone:

Evaluation III

I voluntarily waive and relinquish my right of access to this evaluation.

Extra-Curricular or Community Organization Advisor

I retain my right of access to this evaluation.

Name:

Title:

Organization:

Address:

City: State: Zip:

Email Address: Telephone:

Record of Experiences

Additional Pages may be attached if needed.

Extracurricular, Community Service, and Leadership Activities

Name of Organization:

Leadership Position(s) Held

Dates of Experience:	Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Total Hours Completed:	<input type="text"/>
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Description of Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience:	Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Total Hours Completed:	<input type="text"/>
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Description of Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience:	Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Total Hours Completed:	<input type="text"/>
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Description of Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience:	Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Total Hours Completed:	<input type="text"/>
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Description of Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience:	Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Total Hours Completed:	<input type="text"/>
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Description of Experience:

Record of Experiences

Additional Pages may be attached if needed.

Clinical/Medically-Related Activities

Name of Organization/Business:		City/State:	
Supervising Healthcare Provider's Name:			
Dates of Experience:	Start Date:	End Date:	Total Hours Completed:
Description of Experience:			

Name of Organization/Business:		City/State:	
Supervising Healthcare Provider's Name:			
Dates of Experience:	Start Date:	End Date:	Total Hours Completed:
Description of Experience:			

Name of Organization/Business:		City/State:	
Supervising Healthcare Provider's Name:			
Dates of Experience:	Start Date:	End Date:	Total Hours Completed:
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Description of Experience:			

Name of Organization/Business:		City/State:	
Supervising Healthcare Provider's Name:			
Dates of Experience:	Start Date:	End Date:	Total Hours Completed:
Description of Experience:			

Record of Experiences

Additional Pages may be attached if needed.

Employment

Name of Business: City/State:
 Supervisor's Name: Telephone:
 Dates of Experience: Start Date: End Date: Total Hours/Week:
 Description of Experience:

Name of Business: City/State:
 Supervisor's Name: Telephone:
 Dates of Experience: Start Date: End Date: Total Hours/Week:
 Description of Experience:

Name of Business: City/State:
 Supervisor's Name: Telephone:
 Dates of Experience: Start Date: End Date: Total Hours/Week:
 Description of Experience:

Name of Business: City/State:
 Supervisor's Name: Telephone:
 Dates of Experience: Start Date: End Date: Total Hours/Week:
 Description of Experience:

Name of Business: City/State:
 Supervisor's Name: Telephone:
 Dates of Experience: Start Date: End Date: Total Hours/Week:
 Description of Experience:

Essay Questions

Please answer the following essay questions on a separate sheet of paper and attach to this application.

Essay responses should be no more than 2,500 characters per response.

Question 1

What specific clinical experiences have made an impact on your reason for pursuing medicine as a career?

Question 2

How have you made a personal contribution to your community? How will you continue to serve as a leader in your community if you are a physician?

Question 3

What personal characteristics will you bring to the ATSU-KCOM community that will be of benefit to others?

Question 4

What is your exposure to osteopathic medicine? How does osteopathic medicine fit with your personal philosophy toward healthcare?

Statement of Past or Pending Disciplinary Actions

Please explain in detail if you have ever been charged (pending and/or dropped), fined or convicted of a crime for any reason. Please include items that may have been dismissed or expunged. Many ATSU programs require a background check where all past court decisions will be listed. Please be consistent.

Have you ever been subject to revocation or suspension of a professional license, or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority?

Yes No

If yes, please explain:

Have you ever had disciplinary action taken against you by any professional, community, or university society or professional association?

Yes No

If yes, please explain:

Are there any disciplinary charges pending or expected to be brought against you?

Yes No

If yes, please explain:

Is there any information that is relevant to your ability to complete the A.T. Still University program and be eligible for licensure or employment that the University should consider?

Yes No

If yes, please explain:

Exclusive Application Agreement

The ATSU-KCOM Still Scholars Early Acceptance Program requires that Scholars who are granted conditional acceptance agree to not apply to any other school unless they have received a formal denial/dismissal from the Still Scholars Early Acceptance Program. It is considered unethical to apply to other schools if a participant is granted acceptance into any early acceptance program. Applying for other medical schools can result in immediate forfeiture of the guaranteed seat in that medical school's program. If a participant's application is declined or if a participant is dismissed from the program for any reason, they are then able to apply for any other medical school programs through the traditional application process.

Please read and initial the following boxes:

I agree that I will not apply to other medical schools until a decision is made regarding my early acceptance to ATSU-KCOM. If my application for the Still Scholars Early Acceptance Program is declined, I understand that only then can I apply for other medical school programs.

If I receive conditional and/or full acceptance to the Still Scholars Early Acceptance Program, I agree that I will not apply to any other medical school. If I am later declined or dismissed from this program, or not given a guaranteed seat at ATSU-KCOM for whatever reason, only then can I apply for other medical school programs.

I understand Still Scholar participants are prohibited from reporting an MCAT score on the primary AACOMAS application. In the event an MCAT score is required for scholarship purposes, Still Scholar participants must submit written documentation detailing why the MCAT is required and participants must receive permission from the Admissions Office in advance of taking the MCAT. Reported MCAT scores on the AACOMAS application are grounds for immediate dismissal from the Still Scholars program.

Applicant Signature

Please read and initial the following box:

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to full release of all information concerning my capacity and fitness for the education program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the college catalog, a copy of which is available on the web.

Applicant Name: