

MEDICAL SCHOLARS PROGRAM APPLICATION

Selective Pre-Medical Enrichment Program for High School Students

SECTION 1: PERSONAL INFORMATION

Full Legal Name: _____
Preferred Name (if different): _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Primary Email: _____
Cell Phone: _____
Date of Birth (MM/DD/YYYY): _____
Current High School: _____
Grade Level (Current): _____
Cumulative GPA (Unweighted): _____
Cumulative GPA (Weighted): _____
Standardized Test Scores (if applicable):
PSAT: _____ SAT: _____ ACT: _____

SECTION 2: ACADEMIC COURSEWORK

Please list advanced coursework completed or in progress (AP, IB, Honors, Dual Enrollment).

<u>Course Title</u>	<u>Level (AP/IB/Honors)</u>	<u>Grade Earned</u>	<u>Year Completed</u>
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SECTION 3: HEALTHCARE EXPOSURE

Please list any exposure to healthcare (shadowing, volunteering, research, employment, community health work).

<u>Organization/Institution</u>	<u>Role</u>	<u>Hours Completed</u>	<u>Dates</u>
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Have you shadowed a physician?

Yes

No

If yes, please list specialty and approximate hours:

SECTION 4: LEADERSHIP & EXTRACURRICULAR ACTIVITIES

Please list up to five significant activities, including leadership roles.

Activity Position/Role Years Involved Leadership Role (Y/N)

- 1.
- 2.
- 3.
- 4.
- 5.

Honors, Awards, or Distinctions:

SECTION 5: COMMUNITY SERVICE

Describe your community service involvement:

Total Estimated Service Hours: _____

SECTION 6: FAMILY MEMBERS IN HEALTHCARE

Do you have any family members currently working in healthcare?

- Yes
- No

If yes, please complete the table below:

Family Member (name) Relationship Healthcare Field Current Role

SECTION 7: PERSONAL ESSAY (Maximum 400 Words)

Why are you interested in pursuing a career as a physician?

SECTION 8: PERSONAL ESSAY (Maximum 400 Words)

Describe a challenge you have overcome (academic, personal, etc).

SECTION 9: ETHICAL RESPONSIBILITY & PROFESSIONALISM (150 Words Max)

Medicine requires integrity, accountability, and professionalism. Describe a situation in which you demonstrated ethical responsibility or leadership.

SECTION 10: RECOMMENDATION LETTERS

Please provide the names and contact information of two recommenders. Please print out the recommendation letter form and have the forms emailed to

info@northernillinoismedicalscholars.com

Recommender 1

Name: _____

Title/Relationship: _____

Email: _____

Recommender 2

Name: _____

Title/Relationship: _____

Email: _____

SECTION 11: APPLICANT CERTIFICATION

I affirm that the information provided in this application is truthful and complete.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____

Please email this form and all other essays by March 31, 2026 to:

info@northernillinoismedicalscholars.com