

**UMKC School of Medicine
Summer Scholars Program**

Recommendation Form – to be completed by Guidance Counselor

The UMKC School of Medicine will host the 36th Annual Summer Scholars, a free program for students in 11th and 12th grade. The goal of the program is to provide enrichment in chemistry and anatomy/physiology, and further develop test-taking strategies and study skills. This preparation is especially important for students interested in entering a career in healthcare or another science-intensive area of study. These skills are also necessary for students wanting to prepare for college.

STUDENT: please complete your name and birthdate before providing this form to the recommender.

RECOMMENDER: Please complete the information below and return signed in one of the following ways:

By mail:

UMKC School of Medicine
Office of Admissions, M1-103
Attn: Summer Scholars
2411 Holmes Street
Kansas City, MO 64108

Fax:

(816) 235-6579
Attn: Darius Jackson

Email:

jacksondarius@umkc.edu

Recommendation forms or letters of recommendation are **due no later than Friday, April 14, 2017**. If you have any questions, please contact the School of Medicine Office of Admissions at jacksondarius@umkc.edu or 816-235-1870.

----- **CONFIDENTIAL** -----

TO BE COMPLETED BY GUIDANCE COUNSELOR

Student Name _____ Date of Birth _____

Name of Recommender _____ How long have you known the student? _____

Why would you recommend this student?

Please rate this student 1-10 (10=Best) _____

Do you recommend this student for the Summer Scholars Program? Yes ____ No ____

Recommender Signature

Date

**UMKC School of Medicine
Summer Scholars Program**

Recommendation Form – to be completed by an Instructor

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----- **CONFIDENTIAL** -----

TO BE COMPLETED BY AN INSTRUCTOR

Student Name _____ Date of Birth _____

Name of Recommender _____ How long have you known the student? _____

Why would you recommend this student?

Please rate this student 1-10 (10=Best) _____

Do you recommend this student for the Summer Scholars Program? Yes ____ No ____

Recommender Signature

Date