

**Note:** If your form is not editable in a browser window, please save to your computer and edit with [Adobe Acrobat Reader®](#) or comparable software.

## UMKC School of Medicine - PA Scholars Program Application

### Applicant Information (please print or type)

Social Security number - Last 4 digits only \_\_\_\_\_ Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Current legal address: number and street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Current mailing address: number and street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Date of birth \_\_\_\_\_ (00/00/000) Birth country \_\_\_\_\_ E-mail \_\_\_\_\_

Are you a Missouri resident?  Yes  No Place of birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

How long have you been a Missouri resident? \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, country of citizenship \_\_\_\_\_

If resident alien, card number \_\_\_\_\_ Date of issue \_\_\_\_\_

Attach a copy of your card. **Note: If you are an international visa student (nonresident alien), you are not eligible to apply to the PA Scholars Program.**

High school name \_\_\_\_\_ City / State \_\_\_\_\_ Grad. date \_\_\_\_\_

### Optional Information

Gender \_\_\_\_\_ Are you Hispanic/Latino? \_\_\_\_\_  
 Male  Yes  
 Female  No

Which of the following do you consider to be your racial background? Place an "X" next to all that apply and a "P" on the line next to your primary race:

- \_\_\_ American Indian or Alaska Native  
\_\_\_ Asian (underrepresented)  
\_\_\_ Asian (includes Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)  
\_\_\_ White  
\_\_\_ Black/African American  
\_\_\_ Native Hawaiian or Other Pacific Islander

### Education Information

Colleges or universities attended: Please indicate all schools where you have been enrolled, regardless of status. Arrange to have official transcripts sent from each school you have attended to the UMKC School of Medicine Office of Admissions.

Name	Dates of attendance	Field of study	Degree/hrs. earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Cumulative grade point average (on 4.0 scale to date) \_\_\_\_\_ Anticipated college graduation date \_\_\_\_\_ (MM/YYYY)

## Program Information

I am applying for the following term:      \_\_\_ Spring 2022

How did you find out about the MSA Scholars Program at UMKC? Please check where appropriate:

\_\_\_ Brochure

\_\_\_ Career counselors/Pre-med advisors

\_\_\_ Internet

\_\_\_ UMKC School of Medicine representative

\_\_\_ Other (explain) \_\_\_\_\_

## E-Consent

E-Consent for the School of Medicine selection process gives permission for the UMKC School of Medicine Office of Admissions to exchange e-mails with you regarding person-specific information. You have the right to receive your information in printed format. However, with your e-Consent, your transactions can be processed faster than if you have to wait for mail from our offices or conduct business in person. The choice is yours.

You must read and agree to the following information and conditions in order to complete the UMKC School of Medicine e-Consent process. You may withdraw your e-Consent at any time by sending a request to the UMKC School of Medicine Office of Admissions,

M1-103, 2411 Holmes St., Kansas City, MO 64108-2792.

If you do not consent, you should know that:

- All correspondence will be sent through the U.S. Postal Service, which may delay processing.
- No e-mail exchanges between you and staff of the School of Medicine Office of Admissions will be considered official.
- Even if you designate someone as authorized to access your information, no e-mail exchanges between that person and staff in the School of Medicine Office of Admissions will be considered official.
- All requests must be made in writing or in person.
- If your mailing address is not kept current with the University, you may experience significant delays.

Please check one and sign below:

I give my e-Consent for the e-mail address confirmed here \_\_\_\_\_

I do not give my e-Consent.

Date \_\_\_\_\_

Signature \_\_\_\_\_

## STATEMENT OF STUDENT RESPONSIBILITY

I understand, as an applicant to the UMKC School of Medicine PA Scholars Program, that it is my responsibility to verify that my application is complete by the appropriate deadlines. I am responsible for verifying that the School of Medicine has received all application materials necessary to complete my application, including the following: the School of Medicine PA Scholars Program application; college and university transcripts; personal statement; résumé; shadowing experience verification form and at least three letters of recommendation. I understand that my application will remain incomplete until all of the above-mentioned materials have been received.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**Read carefully:** I certify the information provided in and with this application is accurate and complete, and I understand that all required credentials and documents must be submitted before an admission decision can be made. I authorize the University of Missouri-Kansas City to maintain all my records under my signed name, and I understand these records and credentials in support of my application are the property of UMKC and may not be returned or reproduced.

Date \_\_\_\_\_

Signature \_\_\_\_\_