

UMKC

2025 Medical Scholars Program Application

Applicant Information (please print or type)

____ • SSN -
Last 4 digits only Last name First Middle

• Cell/Home phone E-Mail

____ • Current
Address City State ZIP County

• Date of birth

Are you a Missouri resident? ☐ Yes ☐ No

• If yes, how long have you been a Missouri resident?

Are you a U.S. citizen? ☐ Yes ☐ No

If no, country of citizenship

- Please note: International Visa Students (status: nonresident alien) are, unfortunately, not eligible to apply to the Medical Scholars Program.

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.

• School	Location	Dates attended	Field of Study
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Cumulative GPA (on 4.0 scale, to date)

Anticipated college graduation date (MM/YYYY)

Optional Information

- **Please highlight or circle your preferred Gender pronouns:**

They/Them She/Hers He/His Other: _____

- **Are you a first-generation college student?**

_____ No _____ Yes

- **Are you bilingual or multilingual?**

_____ No _____ Yes If yes, what languages do you speak? _____

- **Accommodations for Accessibility** (If you are a person who is differently abled, physically, or mentally, what accommodations will best help you succeed in this program & at the UMKC School of Medicine?)

☐ Offering large-print or Braille materials for people with vision disabilities.

☐ Designating seating areas for people with mobility disabilities to get them spacious enough for people who use mobility equipment.

☐ Providing live captioning, audio recording, or interpreters to ensure that people with hearing and processing disabilities can follow what is being said during an event.

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☐ Other? Please share: _____

- ☐ Designating seating areas for people with mobility disabilities to get them spacious enough for people who use mobility equipment.
- ☐ Providing live captioning, audio recording, or interpreters to ensure that people with hearing and processing disabilities can follow what is being said during an event.
- ☐ Other? Please share:

• **Are you of Hispanic, Latinx, or Spanish origin?**

___ No, not of Hispanic, Latinx, or Spanish origin

___ Yes, Mexican, Mexican American, Chicano

___ Yes, Puerto Rican

___ Yes, Cuban

___ Yes, another Hispanic, Latinx, or Spanish origin (i.e., Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.)

• **Which of the following do you consider to be your racial background(s)? Place an "X" next to all that apply.**

___ American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America; including Central America)

___ Asian (including a person with origins to Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White
- _____ Biracial or Multiracial
- _____ A race/ethnicity not listed here

Program Information

I am applying for the following term: _____ Spring 2027 _____ Spring 2028

Primary campus of interest (St. Joseph or Kansas City)?

How did you find out about the Medical Scholars Program?

- ☐ 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 ex-change emails with you regarding person-specific information. You have the right to receive your information in printed format. However, with your eConsent, your transactions can be processed faster than if you must 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 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.

Please note the following:

- All correspondence will be sent through email, via medicine@umkc.edu

- 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.

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 Medical 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 Medical Scholars Program application; college and university transcripts; personal statement; résumé; and at least three letters of recommendation.** I understand that my application will remain incomplete until all 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_____

APPLICATION DEADLINE: August 1, 2025

CONTACT US

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