

# PA Scholars Program 2024 Application

# UMKC

## ***Applicant Information***

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Date of Birth	Last name	First	Middle Initial
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Cell/Home phone	E-Mail
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Current Address	City	State	ZIP	County
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**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 PA Scholars Program.*

## ***Education Information***

Colleges or universities attended: Please indicate all schools where you have 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.

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School	Dates Attended	Field of Study
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School	Dates Attended	Field of Study
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School	Dates Attended	Field of Study
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School	Dates Attended	Field of Study
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Cumulative GPA (on 4.0 scale) & Anticipated College Graduation Date (MM/YY)

## ***Optional Information***

### **Please select 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.
- 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)?**

Please check all that apply.

**African American**

**Alaska Native**

**Asian**

*\*A person with origins to Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam\**

**Black**

**MENA** *\*Middle Eastern/Northern African*

**Native American**

*\*A person that has origins in any of the original peoples of North and South America, including Central America\**

**Native Hawaiian or Other Pacific Islander**

**White**

**Biracial or Multiracial**

**A race/ethnicity not listed here**

**Program Information**

**I am applying for the** \_\_\_\_*Spring 2026* \_\_\_\_*Spring 2027* **term.**

**How did you find out about the PA 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 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](mailto:medicine@umkc.edu). (Even if you designate someone as authorized to access your information, no email 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 confirmed here: \_\_\_\_\_
- I do not give my e-Consent

**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; and at least three letters of recommendation.** I understand that my application will remain incomplete until all the above-mentioned materials have been received.

**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** \_\_\_\_\_

UMKC School of Medicine, Office of Admissions  
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[med.umkc.edu](http://med.umkc.edu) (816) 235-1870 [medicine@umkc.edu](mailto:medicine@umkc.edu)