



INDIANA UNIVERSITY SCHOOL OF MEDICINE



Application for consideration and participation in the

Indiana Primary Care Scholarship Program

2013-2014 Academic Year

Indiana University School of Medicine

Office for Medical Student Affairs

VanNuys Medical Science Building, Room 158

635 Barnhill Drive

Indianapolis, IN 46202-5120

Tel. (317) 274-8568

Fax (317) 278-2691

Section A: GENERAL INFORMATION

Name (Last, First, M.I.)

Current Address

City, State, Zip Code

Telephone Number

E-mail Address

Effective Date of Indiana Residency

Section B: COMMUNITY BACKGROUND

In the following section, enter the communities (A through D, if appropriate) in which you have lived the longest. Indicate the number of years you resided in each community (rounded to the nearest whole year). Include the community size by using one of the community designations (use the number) below.

1. Small town (population less than 2,500)
2. Small city (2,500 to 20,000)
3. Medium-size city (20,000 to 50,000 including suburbs)
4. Large city (50,000 to 250,000 including suburbs)
5. Major metropolis (over 250,000 including suburbs)

(OVER)

A.

Residence

City, County, State

Duration yr(s) Community Size

B.

Residence

City, County, State

Duration yr(s) Community Size

C.

Residence

City, County, State

Duration yr(s) Community Size

D.

Residence

City, County, State

Duration yr(s) Community Size

Section C: PRIMARY CARE COMMITMENT

Enclose a personal statement that explains why you are choosing to enter a primary care specialty. Include any previous community service experience that has had an impact on your decision to become a primary care physician. Also include your professional goals and the special strengths you believe you may bring to a primary care specialty profession.

The Selection Committee requires that the applicant provide at least two letters of recommendation. One recommendation may be from a physician who knows of your interests and career goals. The second recommendation may be from someone who knows you well enough that also knows of your interest and career goals. Both recommendations should also address your relevant employment, commitment to primary care, community service, character skills, and involvement in serving others.

Have you applied or made a commitment to receive any funding that requires you to practice primary care in the state of Indiana or elsewhere?

YES **NO** If **YES**, address the funding source within your statement.

Section D: CERTIFICATION STATEMENT

I, _____, certify that the information given in this application is accurate and complete to the best of my knowledge and belief.

Application and all required documents should be faxed or sent to address on the front of the application or it can be scanned and e-mailed to jespada@iupui.edu.