



West Virginia
Higher Education
Policy Commission

HEALTH SCIENCES
SCHOLARSHIP PROGRAM
STUDENT 2011-2012 APPLICATION

Please type or print in blue ink and attach additional pages if needed. Submit completed application by October 15, 2011 to: Health Sciences Scholarship Program, WV Higher Education Policy Commission, 1018 Kanawha Blvd. E., Suite 700, Charleston, WV 25301.

1. Name: Last _____ First _____ Middle _____

2. SSN: _____ Date of Birth: _____

3. Current Mailing/Street Address:

(City) (State/Zip) (County)

Evening/Home Phone: _____ Day/Work Phone: _____

E-mail: _____

4. Permanent Mailing/Street Address:

(City) (State/Zip) (County)

5. School: _____ Field of Study: _____

Current year in school: _____ Anticipated Graduation Date: _____

6. Career Goal:

Primary Care Physician Area of intended specialization (family or general practice, general internal medicine, pediatrics, ob/gyn, psychiatry): _____

Where are you applying for internship or residency training and in what specialty?

(1) _____

(2) _____

(3) _____

(4) _____

Nurse Educator **Nurse Practitioner** **Physician Assistant** **Physical Therapist**

Area of specialization, if applicable: _____

Licensed Independent Clinical Social Work Yes No

Where are you applying for internship? _____

Doctoral Clinical Psychologist Yes No

Where are you applying for internship? _____

7. Are you a resident of West Virginia? Yes No

If "Yes", how many years? _____ What is your home county? _____

Please provide complete information in your responses. Attach additional pages if necessary.

8. Background: (Where were you born and raised? What family ties, if any, do you have in rural West Virginia? Have you ever lived or worked in rural West Virginia or another rural area?)

9. What personal and professional attributes make you a good match for rural practice?
[For students in nursing education, what personal and professional attributes make you a good nurse educator?]

10. What do you believe to be the positives and negatives of practicing and living in rural West Virginia?
[Or, if applicable, teaching in an undergraduate nursing program?]

11. If you received this scholarship, what impact would the service obligation have on your personal life?

12. Describe your experiences in rural West Virginia as a health professional or a health professions student.
Please include information on any student rotations completed at rural sites.

13. Describe any related community research, service projects, or volunteer work you have done in rural West Virginia.

14. Have you explored practice opportunities in West Virginia? Yes No
Do you have a geographic preference? Yes No

Comments: _____

15. Do you have any professional or personal barriers to relocating to any part of the state?

16. Do you have any other service obligations, including military obligations? Yes No If "Yes", please describe.

17. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act, which requires that males between the ages of 18 and 25 register with the Selective Service. Are you in compliance? Yes No Does not apply

Comments: _____

18. For NP, PA, PT, and Nursing Education Students Only

a. List a minimum of three practice opportunities that you have explored, including the site location.

b. Did you grow up in or near any of the above communities? Were any of your clinical experiences at the sites or communities you have listed?

c. Have you contacted the Division of Rural Health & Recruitment for information on practice opportunities?

Yes No

If No, visit <http://www.wvochs.org/dr/> for more information on programs you may qualify for.

Comments: _____

d. Are you currently employed? Yes No

If Yes, where: _____

Additional Application Materials Required for All Applicants

In addition to submitting a completed copy of this application, all applicants must also submit the following forms to the Higher Education Policy Commission. All materials must be postmarked by **Saturday, October 15, 2011**:

At least two letters of recommendation (use the enclosed Recommendation form) from (1) An official in the Dean's Office or your Program Director who can address your academic work, clinical skills and professionalism, and interest in primary care and rural health, or nursing education, and (2) An individual (not a relative) who is knowledgeable about your clinical experiences as a health professions student, particularly in rural West Virginia. Letters of recommendation may be mailed separately, but must be submitted by the deadline.

A completed version of the enclosed Certification of Educational Status Form executed by yourself and the appropriate school official.

Please notify your school contact that you are applying for the scholarship. The contact is listed in the Health Sciences Scholarship Program brochure.

I hereby certify that all the above statements are true and correct. I understand that, if I am awarded a Health Sciences Scholarship, I am obligated to:

- (1) Practice in a primary care setting for at least two years in a rural, underserved area of West Virginia or other eligible site upon completion of training; OR
- (2) If applicable, teach at least two years in an approved undergraduate nursing program in West Virginia.

I also understand that false statements on this application may be grounds for breach of contract.

(Signature of Applicant)

(Date)