INFORMATION FOR APPLICANTS

1. The following materials are required for completion of the Scholars in Rural Health application:
   
   a. the online application

   b. three to five letters of recommendation
   - Request letters of recommendation from a maximum of five people who can discuss your intellectual promise, your commitment to service, and your commitment to practice medicine in rural areas of Kansas. Recommendations may come from teachers or professors, physicians or other health care workers, directors of community organizations, or other individuals who know your life goals and career objectives. Letters from family members, close friends, or individuals with only superficial knowledge of you are less useful and, therefore, discouraged.
   - Because confidential letters are generally given greater weight than letters that are not confidential, you are encouraged to waive your right to access your letters of recommendation. Should you choose to provide such a waiver, you may do so electronically in the online application for all letters. You may also print the attached waiver form to give to each of your letter authors.

   c. high school transcript
   - Request a transcript from your high school. The transcript should provide graduation date, grade point average, class rank, and ACT and/or SAT scores.

   d. college transcript(s)
   - Request a transcript from every school from which you have earned college credit. For your current school, be certain to indicate on the request form that you want the transcript sent after spring semester grades have been posted.

2. The deadline for receipt of the above materials is June 10. All hard-copy materials should be mailed to:
   Blair Day
   Office of Admissions, Mail Stop 1049
   KU School of Medicine
   3901 Rainbow Blvd.
   Kansas City, KS  66160

   E-documents from the original source can be emailed to: medadmissions@kumc.edu
   Examples are letters of recommendation sent to us directly from the author and official transcripts.

3. Completed application files will be reviewed for a decision to invite for interview. Interview invitations will be extended by email message in late June for an anticipated July 16 interview date.

4. A mandatory orientation meeting for accepted Scholars will be held in Salina in early August.

5. Please note: Applicants should be on track for completion of undergraduate degree requirements and matriculation into the School of Medicine in July 2021.
Dear Evaluator:

Thank you for agreeing to write a letter on behalf of the above-named applicant. The following guidelines are provided for your assistance as you prepare your letter. This page is for your reference and should not be submitted with your letter of evaluation.

1. Please state the nature and duration of your relationship with the applicant and whether you are writing based on direct or indirect observations.

2. To the extent possible, please discuss the applicant’s attributes, as you understand them, as related to:
   - Motivation and understanding of medicine
   - Service commitment and community involvement
   - Interpersonal and communication skills and teamwork
   - Cultural competence
   - Character, integrity, and ethics
   - Critical thinking skills
   - Reliability, dependability, resilience, adaptability, and capacity for improvement

3. A “bottom-line” assessment (e.g., “recommend,” “enthusiastically recommend”) is appreciated.

The deadline for receipt of your letter is June 10. Please send your recommendation letter directly to:
Blair Day
Office of Admissions, MS 1049
KU School of Medicine
3901 Rainbow Blvd.
Kansas City, KS 66160

Your evaluation of this applicant’s candidacy is an important part of the selection process. Thank you.

The University of Kansas School of Medicine Admissions Office provides the following statement waiving access to letters of recommendation written on behalf of applicants. While applicants are not required to waive access, they are instructed that doing so encourages their evaluators to be candid.

Waiver of Access: I, _______________________________, hereby freely and expressly waive any and all rights of access to this letter of evaluation as granted me by the Family Educational Rights and Privacy Act. I understand this waiver is limited to this document and is irrevocable.

__________________________          __________
Signature                        Date

Waiver of Access: I, _______________________________, do not waive access to letters of evaluation as granted me by the Family Educational Rights and Privacy Act.

__________________________          __________
Signature                        Date