

SSN	Last Name		First Name		Middle Name
Street Address (School)		City	State	Zip	County
Street Address (Permanent)		City	State	Zip	County
Telephone (Permanent)		Cell phone #		E-Mail Address	

PARENTS/GUARDIAN

Name	Alive?	Occupation	Legal Residence	Education/College (Highest Level)
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No			

List all High Schools & Colleges attended in chronological order		Dates of Attendance MM/YY MM/YY	Summer only?		Jr/Comm College?		Major	Degree Granted or Expected (with date)
Name	Location		Yes	No	Yes	No		
		to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Secondary (High School) Honors/Awards

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Post-Secondary Honors/Awards

Secondary & Post-Secondary Volunteer & Part/Full-Time Employment History (chronological order)

In the table below, list each permanent residence, starting with your place of birth. In the two right columns, check the city of the high school from which you graduated and the community that has had the greatest influence on your personal values and goals.

From (year)	To (year)	City/Town	Population (approx.)	County	State	High School	Community of Influence

<p>Personal Statement (Please type or print and limit to the space provided. Comment upon your commitment to service and your desire to practice medicine in rural Kansas.)</p>	<p>Name</p>
<p>I certify that the information in this application is current, complete, and accurate to the best of my knowledge.</p>	
<p>Student Signature</p>	<p>Date</p>

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 Rights and Privacy Act. I understand this waiver is limited to this document and is irrevocable.

Signature _____ Date _____

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