

**Medical Student Summer Rural Immersion Program
Student Application
July 12 to July 28, 2017**

1. Please submit your completed application to Tricia Harrity at harrity@health360.org by April 28, 2017.
2. If you have any questions contact Tricia Harrity at harrity@health360.org or 203-758-1110
3. A student's application for the Summer Rural Immersion Program is their commitment to participate.
4. Student housing is provided at no charge due to the generous support of the local education system.
5. Students are responsible for reasonable household necessities while living in the student housing.
6. **Proof of current immunizations and testing for tuberculosis by PPD or x-ray within 6 months.**

Name (first middle last):			Maiden:		
Medical School:			Date of Birth (MM/DD/YYYY):		
Gender:	Male:	Female:	Age:		
Demographics					
Race/Ethnicity (√ all that apply):	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian/Other Pacific Islander	
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Other:		
I am the first in my family to go to college			Yes:	No:	
I grew up with English as my second language			Yes:	No:	
Veteran Status (√ one):					
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Veteran Prior Service	<input type="checkbox"/> Not a Veteran			
<input type="checkbox"/> Reservist	<input type="checkbox"/> Veteran Retired				
Loan Repayment Program Recipient (√ all that apply):					
<input type="checkbox"/> National Health Service Corps (NHSC)					
<input type="checkbox"/> Primary Care Resource Initiative for Missouri (PRIMO)					
YHSC or CHSC Participant:			Yes:	No:	
Contact Information					
Medical School email address:			Alternate email:		
Cell phone #:			Local phone # (if applicable):		
Hometown/permanent address:	Street Address:			County:	
	City:		State:	Zip:	
Emergency Contact Information					
Emergency Contact:			Phone #:		
Relationship to you:					
Education					
Anticipated Med School Graduation year:					
Undergraduate school attended:	Street Address:			County:	
	City:		State:	Zip:	

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Please indicate any special areas of interest (for example, primary care, child health, etc...):

What are your reasons for applying for the Summer Rural Immersion Program? (e.g. what do you hope to gain personally and professionally from this experience)

Are you currently planning to practice in a rural community after your residency or fellowship training? If so, why? If not, why not?
