

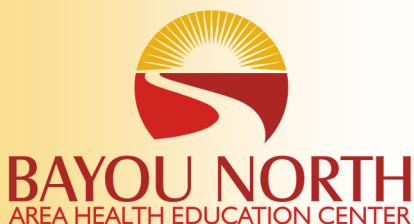
Rural Scholars Program

The Rural Scholars program was developed to encourage students interested in a medical career to gain enrollment into medical school.

What are the benefits of participation?

Students selected to participate in this unique program will have a hands-on opportunity to learn about medical school, participate in retreats with medical school faculty and staff over a 2 1/2 year period. Additional benefits include:

- tour of the University Health Shreveport campus
- meet with faculty members and medical students
- learn medical school interview techniques and explore the application process
- review for the MCAT
- receive financial aid information
- be paired with faculty and student mentors from University Health Shreveport, as well as community primary care physician mentors
- be introduced to problem based learning through patient care and learn the techniques of basic skills assessment, patient history, first-aid, and basic life support
- gain knowledge about community based care



Who is eligible?

In order to be eligible for the Rural Scholars Program students must meet the following criteria:

- Have a minimum ACT score of 22 and a college GPA of 3.0 or higher
- Be a full-time student in a college or university
- Be from a hometown with a population 20,000 or less
- Have been a past AHEC program participant in one of AHEC's youth enticement programs, including A-HEC of a Summer, Day with the Docs, or M*A*S*H
- And have a demonstrated commitment to return to a rural family medicine practice in Louisiana

**Bayou North AHEC
1513 Doctors Drive, Suite 2A
Bossier City, LA 71111**

318-746-0044 Voice 318-746-0046 Fax

Rural Scholars

APPLICATION



Demographic Information:

Name _____

School Address _____

School Phone _____ Cell Phone _____

Home Phone (If Different) _____ E-Mail Address _____

Permanent Address _____

Date of Birth _____ Social Security Number _____

Mother's Name _____ Mother's Work Phone _____

Father's Name _____ Father's Work Phone _____

Parents' Address (If different from above) _____

Academic Information:

Name of High School _____ H.S. Graduation Year _____

ACT Composite Score _____ Graduating High School GPA _____

Date of College Entry _____ Projected College Graduation Date _____

Attending University /College _____

Major _____ Minor _____

College Activities, Honors _____

I have answered all of the information on this application
truthfully and to the best of my knowledge.

Signature _____

Date _____

Please circle a shirt size.

S M L XL XXL XXXL

Mail your completed application to:

Bayou North AHEC
Attn: Rural Scholars Program
1513 Doctors Drive, Suite 2A
Bossier City, LA 71111

318-746-0044 Voice
318-746-0046 Fax

Rural Scholars

PARTICIPANT AGREEMENT



I, _____, hereby acknowledge my interest in and commitment to the Rural Scholars Program. I understand that the expectations of this program include maintaining a high standard of academic achievement and attending various seminars, workshops and other activities.

I agree that I will abide by all rules regarding authorized and unauthorized areas of the University Health Shreveport. As guests in the facility, all participants must follow the assigned program schedule. I understand a professional and respectful attitude is required at all times.

I understand that I will be responsible for the cost of any incidentals or souvenirs I may desire.

Please initial each section, showing your agreement with these statements:

_____ I agree to hold harmless and indemnify Bayou North Area Health Education Center and University Health Shreveport for personal injuries or illnesses that may occur while I am on the premises or traveling to the program as a participant of Bayou North AHEC's *Rural Scholars* program.

_____ I agree to the use of my photograph or videotape of me for use in promotional or educational materials for AHEC programs.

_____ I understand the rules for confidentiality about patient information and that any breach of this confidentiality is unethical, illegal, and could result in punishment by law.

_____ I have completed/provided the requested medical information.

Student's Signature

Date



Rural Scholars

EMERGENCY INFORMATION AND AUTHORIZATION FOR MEDICAL TREATMENT



Student Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Other Emergency Contact _____ Phone # _____

Medical Information *(Please indicate below if the condition is present or recurring)*

_____	DIABETES	_____	ASTHMA	_____	HEART CONDITION
_____	HEMOPHILIC	_____	HEARING AID	_____	WEARS GLASSES/ CONTACTS
_____	NEURO/MUSCULAR PROBLEM	_____	ALLERGY	_____	OTHER

If any are checked, please explain _____

Is student on any type of medication? ____yes ____no If yes, what type and dosage? _____

Insurance Information

Insurance Company _____ Policy # _____

Primary Care Physician _____ Phone # _____

In case of an accident or serious illness, I hereby authorize hospital officials to make whatever arrangements necessary and to contact me immediately. I understand that it remains my responsibility to make any future information changes on this medical form as the need arises, by contacting Bayou North AHEC. Otherwise, this authorization will remain in effect, as of this date, until program completion. Neither Bayou North Area Health Education Center nor University Health Shreveport assume responsibility for any medical charges.

Student Signature

Date