

Still Scholars Early Acceptance Program Application

Required Documents for Application

To ensure your application is complete, please check that the following documents are submitted by August 1:

- 1. General Application Information Form**
- 2. Record of Experiences**
- 3. Evaluations (3)**
- 4. Essay Questions (4)**
- 5. All Official Academic Transcripts** (Required from all undergraduate institutions attended. Please request that your official transcript(s) be mailed directly from your institution(s) to the address below. *Transcript(s) need to be received by August 1.*)

Please mail or email completed application materials to:

Theresa Hunziker, MHA
ATSU-KCOM Still Scholars Program
800 W. Jefferson St.
Kirksville, MO 63501

Email: admissions@atsu.edu

Applications must have a postmark date on or before August 1 to be guaranteed consideration for the program.

Applicants will be notified by September 15th regarding the status of their application. Thank you for your interest in the ATSU-KCOM Still Scholars Early Acceptance Program.

ATSU Nondiscrimination Policy

A.T. Still University (ATSU) does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, veteran status, or any other status protected by applicable law. Dating violence, domestic violence, sexual assault, stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU. Any person with questions concerning ATSU's nondiscrimination policies is directed to contact:

- Arizona campus – Michael Zajac, MA, associate vice president of student affairs, deputy Title IX coordinator
5845 E. Still Circle, Mesa, AZ 85206, 480.219.6026, michaelzajac@atsu.edu
- Missouri campus – John Gardner, PhD, MEd, Title IX coordinator
800 W. Jefferson St., Kirksville, MO 63501, 660.626.2113, johngardner@atsu.edu
- California campus – Dianne Korth, MA, director of student affairs, deputy Title IX coordinator
1075 E. Betteravia Rd., Ste. 201, Santa Maria, CA 93454, 805.621.7681, diannekorth@atsu.edu

Any person with questions concerning ATSU's Title IX compliance is directed to contact:

- John Gardner, PhD, MEd, Title IX coordinator
800 W. Jefferson St., Kirksville, MO 63501, 660.626.2113, johngardner@atsu.edu

More information, including ATSU Policy No. 90-210: Prohibition of Discrimination, Harassment, and Retaliation, may be found at atsu.edu/titleix. In compliance with the Clery Act and Section 86 of Department of Education regulations, the University makes available to all prospective students, admitted students, and current students: ATSU's Annual Security and Fire Safety Report (ASR) and Drug and Alcohol Misuse Prevention Program (DAMPP). The ASR may be found online at atsu.edu/security. The DAMPP may be found online at atsu.edu/dampp. Printed copies of each report may be requested from studentaffairs@atsu.edu.

General Application Information Form

Please complete the following information.

Name

Last:

First:

Middle:

If you have educational materials under another name, please list name(s):

Current Address

Street Address:

Apartment/Unit #:

City:

State:

Zip:

Telephone:

Email Address:

Permanent Address (only if different than current address)

Street Address:

Apartment/Unit #:

City:

State:

Zip:

Telephone:

Date of Birth

Gender

Race (optional)

Citizenship

Ethnicity (optional) Are you Hispanic or Latino?

Are you a U.S. Citizen? Yes No

If you are not a U.S. citizen, do you have an I-551 (green card) visa? Yes No

If yes, what is your I-551 (green card) visa number?

If you are not a U.S. Citizen or permanent resident, please indicate your country of birth:

Academic Record

College Name:

Date of Attendance:

to

Major:

Expected Graduation Date:

College Name:

Date of Attendance:

to

Major:

Expected Graduation Date:

Is your Cumulative AND Science GPA above a 3.40? Yes No

ACT/SAT Score

(Please request your official transcripts showing all college coursework to be sent to ATSU-KCOM Admissions. Note: All course attempts are factored into the GPA calculation.)

Advisor Information

Name:

Title:

Email Address:

Telephone:

List the names, relationship, and graduating institution of relative(s) in the following professions:

Osteopathic profession:

Allopathic profession:

Evaluator Information Form

Three evaluations, not written by individuals related to the applicant either by blood or marriage, are required to complete an application for the Still Scholars program:

Evaluation I from an advising professor or science faculty member

Evaluation II from a physician (D.O. or M.D.)

Evaluation III from an extra-curricular or community organization advisor

Please list the names and addresses of the individuals who will write your required letters of evaluation. Your file will not be complete, nor will you be considered for the Still Scholars program until these three required evaluations are received.

An optional evaluation form is available for evaluators to use as a reference. [Click here to download the form.](#)

Evaluation I

Advising Professor or Science Faculty Member

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

Name:

Degree:

Academic Rank or Title:

Department:

College or University:

Address:

City:

State:

Zip:

Email Address:

Telephone:

Evaluation II

Physician (D.O. or M.D.)

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

Name:

Degree:

Medical School Attended (D.O. or M.D.):

Year of Graduation:

Clinic:

Address:

City:

State:

Zip:

Email Address:

Telephone:

Evaluation III

Extra-Curricular or Community Organization Advisor

I voluntarily waive and relinquish my right of access to this evaluation.

I retain my right of access to this evaluation.

Name:

Title:

Organization:

Address:

City:

State:

Zip:

Email Address:

Telephone:

Record of Experiences

Additional Pages may be attached if needed.

Extracurricular, Community Service, and Leadership Activities

Name of Organization:

Leadership Position(s) Held:

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Name of Organization:

Leadership Position(s) Held

Dates of Experience: Start Date: End Date: Total Hours Completed:

Description of
Experience:

Record of Experiences

Additional Pages may be attached if needed.

Clinical/Medically-Related Activities

Name of Organization/Business: City/State:
Supervising Healthcare Provider's Name:
Dates of Experience: Start Date: End Date: Total Hours Completed:
Description of
Experience:

Name of Organization/Business: City/State:
Supervising Healthcare Provider's Name:
Dates of Experience: Start Date: End Date: Total Hours Completed:
Description of
Experience:

Name of Organization/Business: City/State:
Supervising Healthcare Provider's Name:
Dates of Experience: Start Date: End Date: Total Hours Completed:
Description of
Experience:

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Supervising Healthcare Provider's Name:
Dates of Experience: Start Date: End Date: Total Hours Completed:
Description of
Experience:

Name of Organization/Business: City/State:
Supervising Healthcare Provider's Name:
Dates of Experience: Start Date: End Date: Total Hours Completed:
Description of
Experience:

Record of Experiences

Additional Pages may be attached if needed.

Employment

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Name of Business: City/State:
Supervisor's Name: Telephone:
Dates of Experience: Start Date: End Date: Total Hours/Week:
Description of Experience:

Essay Questions

Please answer the following essay questions.

Essay responses should be no more than 2,500 characters per response.

Question 1

What specific clinical experiences have made an impact on your reason for pursuing medicine as a career?

Question 2

How have you made a personal contribution to your community? How will you continue to serve as a leader in your community if you are a physician?

Question 3

What personal characteristics will you bring to the ATSU-KCOM community that will be of benefit to others?

Question 4

What is your exposure to osteopathic medicine? How does osteopathic medicine fit with your personal philosophy toward healthcare?

Statement of Past or Pending Disciplinary Actions

Please explain in detail if you have ever been charged (pending and/or dropped), fined or convicted of a crime for any reason. Please include items that may have been dismissed or expunged. Many ATSU programs require a background check where all past court decisions will be listed. Please be consistent.

Have you ever been subject to revocation or suspension of a professional license, or been censured, reprimanded, or placed on probation for reasons relating to professional competence or conduct by a state licensing authority?

Yes No

If yes, please explain:

Have you ever had disciplinary action taken against you by any professional, community, or university society or professional association?

Yes No

If yes, please explain:

Are there any disciplinary charges pending or expected to be brought against you?

Yes No

If yes, please explain:

Is there any information that is relevant to your ability to complete the A.T. Still University program and be eligible for licensure or employment that the University should consider?

Yes No

If yes, please explain:

Please read and sign below:

I certify that all the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I know and understand that any or all items contained herein may be subject to verification, and I consent to full release of all information concerning my capacity and fitness for the education program by employers, educational institutions, and other agencies. Furthermore, by submitting this application, I agree to abide by the policies and procedures as established in the college catalog, a copy of which is available on the web.

Applicant Name:

Applicant Signature

Date