HEALTH PROFESSIONS CANDIDATE

Intent to Apply Form

**Deadline: Nov 1st**, to be considered for the summer applicant pool

APPLICANT NAME: Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCAL ADDRESS:

PERMANENT ADDRESS:

PHONE NUMBER: EMAIL:

MAJOR(S) & MINOR(S): \_\_\_\_\_\_\_ EXPECTED GRADUATION DATE:

CURRENT GPA: \_\_\_\_\_\_\_\_ CREDITS EARNED:\_\_\_\_\_\_\_\_ DATE YOU INTEND TO APPLY:\_\_\_\_\_\_\_\_\_

Have you taken the standardized exam (e.g. MCAT, GRE, DAT)? [ ]  Y [ ]  N

If so, list your score(s)\_\_\_\_\_\_\_\_\_\_\_ If not, List you intended testing date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Give the names, affiliation, and email address of at least three non-committee members (and their associated department/affiliation) whom you have asked to submit preliminary evaluation forms: Changes (additions/deletions) to this list must be submitted formally in writing.

1.

2.

3.

others.

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List the schools/programs you intend to apply

**In addition to the above please include the following**

1. a curriculum vitae (CV) or resume which contains the following information:
* List your education background. Indicate all schools/programs attended, dates attended, degrees conferred (if applicable)
* List **all** organizations, sports teams, clubs, groups, etc. to which you have belonged in college. Indicate dates, offices held, and extent of participation.
* List any jobs (including summer employment) that you have held while a student. Indicate dates and extent of responsibility. Indicate as to whether work was full time/part time and seasonal/year-round
* List any awards or honors received.
* List volunteer work, internships, or research that you have performed that are related to your health career choice. Include the total number of hours for each
* List hobbies, interests, etc.
1. Include a well-written essay highlighting why you have chosen a particular health profession as your vocation. Your essay should be within the character/word limits allowed by the central application system or school you intend to apply (e.g. AMCAS, AACOMAS, AADSAS, VMCAS).
2. Recent transcripts from all schools attended (unofficial versions are acceptable)
3. Provide a response to the following questions:
* If you are not accepted into the professional school of your choice, what alternative plans do you have?
* Share any additional information about yourself that you feel is pertinent.
* Have you ever been found guilty of, or arrested for, any felony or misdemeanor (besides minor traffic)? If so, explain the circumstances.
* Have you been found responsible for any academic dishonesty violation? If so, explain.

Please return your intent to apply form (including attachments) as a single PDF to stone@kutztown.edu AND aruscava@kutztown.edu. Use the following file naming structure: Last name-Intent to Apply

**Dr. Matthew Stone** **and Dr. Dan Aruscavage**

Co-Chair, Pre-professional Health Careers Committee

Kutztown University