

Primary Care Workshop Program Application 2024

APPLICANT INFORMATION

Last Name

First Name

Hometown Address

Hometown City

Hometown State

Hometown Zip Code

Email Address

Preferred Phone Number

Date of Birth

Gender

Preferred Pronoun

WORKSHOP DATE and CAMPUS LOCATION

____ January 5, 2024, KU School of Medicine – Wichita, KS campus

ACADEMIC/ENROLLMENT INFORMATION

High School

City, State

Year of Graduation

College/University

City, State

Year of Graduation

*Applicants must reach the academic rank of sophomore or higher prior to the workshop date.

Cumulative GPA: _____

EXPERIENCE/AWARDS/ACTIVITIES

Secondary (High School) Honors/Awards:

Post-secondary Honors/Awards:

Extracurricular Activities/Community Service/Volunteer Experiences:

Secondary and Post-Secondary Employment History:

Have you had a physician shadowing experience before? ☐ Yes ☐ No

If yes, please describe:

PERSONAL STATEMENT

Type or clearly print a statement about your educational plans, career plans and why you are applying for this program. Feel free to include any other relevant information but please limit your statement to this space provided.

By signing below, I certify that the information in this application is my own work and accurate to the best of my knowledge.

Signature

Date

To complete your application, please email your application and advising report/unofficial transcript to Jason Edwards at jedwards2@kumc.edu

Jason Edwards
Director of Premedical Programs
KU School of Medicine
jedwards2@kumc.edu