



APPLICATION
MEHARRY MEDICAL COLLEGE MENTORS PROGRAM
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

Instructions: Please complete the application to the best of your ability. **Incomplete applications will not be considered.** Type or print in blue or black ink. The recommendation letters should be inside a sealed envelope. Staple the essays, transcript, and envelope to the signed application.

| | | | |
|-----------|-------|--------|------------------------|
| Last Name | First | Middle | Social Security Number |
|-----------|-------|--------|------------------------|

| | | | |
|-----------------|------|-------|----------|
| Mailing Address | City | State | Zip Code |
|-----------------|------|-------|----------|

| | | | |
|------------------------|-------|-------------|-------------|
| (Area Code) Telephone# | (DOB) | Birth Place | Citizenship |
|------------------------|-------|-------------|-------------|

| | | |
|-----|--------|--------|
| Sex | Height | Weight |
|-----|--------|--------|

| | | |
|---|---------------|-----------|
| High School/College Currently Attending | Current Grade | Total GPA |
|---|---------------|-----------|

| | | | |
|----------------------------------|------|----------------|-----------|
| Address (Of High School/College) | City | State/Zip Code | Telephone |
|----------------------------------|------|----------------|-----------|

What Science Courses have you taken or currently taking? Please List:

| | | |
|-------------------------|---------|--------|
| Parent(s)/Guardian Name | Address | Phone# |
|-------------------------|---------|--------|

| | | |
|---------------------------------|--------|-----------------|
| In Case of an Emergency Contact | Phone# | Relation to You |
|---------------------------------|--------|-----------------|

Please list extracurricular activities and special talents (include school, community, health, and/or church related):

- 1) _____ 5) _____
 2) _____ 6) _____
 3) _____ 7) _____
 4) _____ 8) _____

Beginning with the most recent job, list your employment history:

Do you have any health disabilities that we should be aware of or disabilities that may prevent you from vigorous activity? If yes, please describe.

What health career are you planning to pursue?

Check if you have ever been immunized for Tuberculosis (TB) _____ If so, when _____
 Hepatitis _____ If so, when _____

Copy of results required at beginning of program.

Do you have health insurance? If yes, please provide the following information:

| Provider | Policy # | Telephone# |
|----------|----------|------------|
|----------|----------|------------|

Signature _____ Date _____

PLEASE SUBMIT TIME FOLLOWING WITH YOUR APPLICATION

Important: Because of the large number of applicants, if all of the following does not accompany your completed application, you will not be considered for placement in this program.

1. One letter of recommendation – letter can be from principal, academic counselor or teacher
2. One page essay of long term goals – typed in 12 font, Times New Roman, double-spaced)
3. Official copy of your most recent transcript – **3.0 grade average desired**

Mail your completed application to: Sandra Anderson Williams, Program Manager, Meharry Medical College, Department of OB/GYN, 1005 Dr. D. B. Todd Blvd., Nashville, TN 37208

DEADLINE: April 23, 2010

For additional information or questions, contact Sandra Williams, Program Manager at 615-327-6836.