

# 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 ½ year period. Additional benefits include:

- tour of Ochsner LSU 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 Ochsner LSU Health Shreveport, as well as community primary care physician mentors
- be introduced to problem-based learning through patient care and learn the technique of basic skills assessment, patient history, first-aid, and basic life support
- gain knowledge about community-based care



## Requirements:

- One academic letter of recommendation
- Copy of your most recent transcript
- Personal essay explaining why you should be selected to participate and what you hope to gain

## 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 of 20,000 or less
- And have a demonstrated commitment to return to a rural family medicine practice in Louisiana

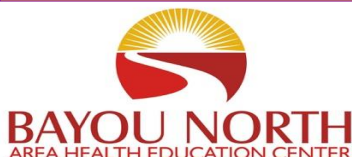
### Bayou North AHEC

**1513 Doctors Drive, Suite 2A  
Bossier City, LA 71111  
Phone: 318-746-0044  
Fax: 318-746-0046**



### Central Louisiana AHEC

**1308 Dorchester Drive  
Alexandria, LA 71303  
Phone: 318-443-2855  
Fax: 318-443-4255**



# 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 Ochsner LSU Health Shreveport. As guest 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 Ochsner LSU 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 the 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 that 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: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ DIABETES

\_\_\_\_\_ ASTHMA

\_\_\_\_\_ HEART CONDITION

\_\_\_\_\_ HEMOPHILIAC

\_\_\_\_\_ HEARING AID

\_\_\_\_\_ WEARS GLASSES/CONTACTS

\_\_\_\_\_ NEURO/MUSCULAR  
\_\_\_\_\_ PROBLEMS

\_\_\_\_\_ ALLERGY

\_\_\_\_\_ OTHER

If any are checked, please explain: \_\_\_\_\_

Is the student on any type of medication? If yes, please explain: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of accident or serious illness, I hereby authorize hospital officials to make whatever arrangements necessary and to contact Emergency Contact immediately. I understand that it remains my responsibility to make any further information changes on this medical form as the need arise, 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 Ochsner LSU Health Shreveport assume responsibility for any medical changes.

Signature

Date



# Rural Scholars

## APPLICATION



### Demographic Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Guardian's Phone: \_\_\_\_\_

### Academic Information:

High School: \_\_\_\_\_ H.S. Graduation Year: \_\_\_\_\_

Graduating High School GPA: \_\_\_\_\_ ACT Composite Score: \_\_\_\_\_

Date of College Entry: \_\_\_\_\_ Projected College Graduation Date: \_\_\_\_\_

Name of University/College: \_\_\_\_\_ College GPA: \_\_\_\_\_

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

