

# RURAL HEALTH OPPORTUNITIES PROGRAM

Wayne State College • University of Nebraska Medical Center • Chadron State College

## Application Form

**Instructions:** Students wishing to apply for early admission to Clinical Laboratory Science (CLS), Dental Hygiene, Dentistry, Medicine, Nursing, Pharmacy, Physical Therapy, Physician Assistant, or Radiography degree program should complete the following application. **Type, downloaded application or neatly print your information, do not bind or staple any information and no more than 4 reference please.**

Check the program of interest:  Clinical Laboratory Sciences (CLS)  Dental Hygiene  Dentistry  Medicine (physician)  
 Nursing  Pharmacy  Physical Therapy  Physician Assistant  Radiography

1. Name \_\_\_\_\_  
last first middle

2. Mailing Address \_\_\_\_\_  
street city  
\_\_\_\_\_ Telephone \_\_\_\_\_  
county state zip code area code number

3. Preferred Email \_\_\_\_\_ Birth date \_\_\_\_\_

4. Population of hometown \_\_\_\_\_ Population of county \_\_\_\_\_

5. High School Attended \_\_\_\_\_  
Name City State year of graduation

\_\_\_\_\_ Name of Guidance Counselor School Telephone

	Parents or Guardian Name(s)	Living (Y/N)	Occupation	Legal Residence	Education
Father					
Mother					
Guardian					

7. What honors did you receive while you were in high school? (Include honorary societies)  
\_\_\_\_\_  
\_\_\_\_\_

8. In what extracurricular and/or community activities have you participated while in high school? (Include offices held / specific accomplishments)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If you have been employed during the regular school year while in high school, specify type of work and approximate hours worked per week.  
A. Currently: \_\_\_\_\_  
B. Previous to this year: \_\_\_\_\_  
\_\_\_\_\_

10. How have you spent your summers during high school?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Were you ever required to leave any high school for any reason?  
 Yes  No If the answer is yes, please explain fully in the personal comments section of this application.

12. Ethnic Origin: Supplying this information is optional and is not required for admission. This data is for reporting purposes.  
 White  Black (not of Hispanic origin)  Asian or Pacific Islander (Far East/Southeast Asia, etc.)  
 Hispanic  American Indian or Alaskan Native

13. Actions: List and briefly describe what you have done during the past year to demonstrate your interest in the health professions.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Test Scores: (Record one or the other or both if taken.) If you have taken the ACT or SAT more than once, please list all sets of scores.

ACT INFORMATION		Dates Taken	
Subject Area		Standard Scores	
Composite Score			
English			
Math			
Reading			
Science Reasoning			
SAT INFORMATION		Dates Taken	
Subject Area		Scores	
Verbal			
Mathematics			

Class Rank \_\_\_\_\_

GPA \_\_\_\_\_

List all dual credit courses taken while in high school.

\_\_\_\_\_

\_\_\_\_\_

15. In addition to the transcript(s) which you have been asked to supply, please list all high school credit classes in which you are presently enrolled and which you plan to take during the second semester of this academic year.

12 <sup>th</sup> GRADE ~ 1ST SEMESTER			12 <sup>th</sup> GRADE ~ 2ND SEMESTER	
Course name	Credit hours	Grade (if known)	Course name	credit hours

16. Personal Comments: On a separate piece of paper, type/key a one-page letter that describes why you want to be a health care professional and why you should be admitted to the Rural Health Opportunities Program. Describe your personal traits and qualities so that the reader gets to know you as a person.

17. Letters of Reference: Provide at least 3 letters of reference (two of which must come from the school you are attending and one of those must be from a Math and/or Science teacher). Please list the persons that you have asked to write letters of reference.

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. The above information is submitted as an application for the Rural Health Opportunities Program (RHOP); Chadron State College • Wayne State College • University of Nebraska Medical Center. To the best of my knowledge the information is correct.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Submit application to:

Health Professions Office, 1111 Main Street, Wayne State College, Wayne, NE 68787 402-375-7329 or 1-800-228-9972

**Only completed applications will be processed.** A complete application includes this application form, the Personal Comment Page, a copy of all high school transcripts, test scores and at least three letters of reference. Transcripts, ACT or SAT scores, and the letters of reference are to be sent directly the college listed above by the testing agency or school and referees, respectively. Test scores included on school transcripts are acceptable. You will be notified by email once all your application information has been received.

**Application Deadline: DECEMBER 1ST**



**Letters of reference must be post marked by DECEMBER 1<sup>ST</sup>.**