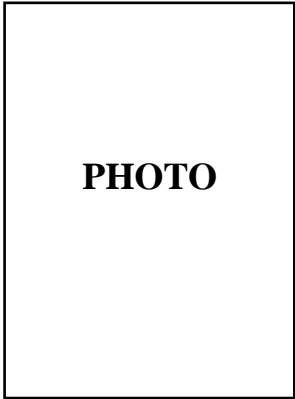


**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE AND  
EAST CAROLINA UNIVERSITY BRODY SCHOOL OF MEDICINE  
EARLY ASSURANCE SCHOLARS PROGRAM**

**NORTH CAROLINA HEALTH CAREERS ACCESS PROGRAM  
Jacobs Hall, Suite F**

Post Office Box 1510 • Pembroke, NC 28372  
Phone: (910) 521-6673/Fax: (910) 775-4751

**APPLICATION FORM**



High School \_\_\_\_\_  
Class Rank \_\_\_\_\_  
Weighted Grade Point Average \_\_\_\_\_  
Intended Area of Specialty \_\_\_\_\_  
Certifications: CNA, CPR, EMT, Other \_\_\_\_\_

**INSTRUCTIONS:** Please complete all sections of this application.

**NON-TYPED APPLICATIONS WILL BE ELIMINATED FROM CONSIDERATION.**

**Note: Application Will Be Reviewed Only After Receipt Of All Requested Materials.**

1. **DUE DATE:** Application must be postmarked by **February 21st, 2025**. You may email your completed application to [hcp@uncp.edu](mailto:hcp@uncp.edu) or hand deliver it to the NC-HCAP Office, Jacobs Hall-Suite F.
2. **CANDIDATE SELECTION:** Candidates selected for a preliminary interview with UNCP will be notified by **March 3rd, 2025**. Candidates selected from the UNCP preliminary interviews will be notified for a final BSOM interview by mid to late March.
3. **TRANSCRIPT(S):** Contact all schools (high school and college) you have attended to send official transcript(s) to the Early Assurance Scholars Program at the above address.
4. **PHOTOGRAPH:** Attach a photograph (headshot) with the application.
5. **RECOMMENDATION:** Request a letter of recommendation (1) to be submitted by your high school counselor or science/math instructor. Multiple letter of recommendation's are acceptable.
6. Request an Instructor Appraisal Form (1), page 4 of this application.

***A student who is competing for the EA Award at one university CANNOT be nominated for the EA Award at another university.***

**COLLEGE ADMISSION TEST(S):**

SAT: Verbal Score \_\_\_\_\_ Math Score \_\_\_\_\_ Total Score \_\_\_\_\_

ACT: Verbal Score \_\_\_\_\_ Math Score \_\_\_\_\_ Composite Score \_\_\_\_\_

**PERSONAL INFORMATION**

1. NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SEX:  Male  Female

ETHNICITY:  African American/Black  Native American/American Indian  Latino/Hispanic  
 Asian American/Pacific Islander  Caucasian  Other (Specify) \_\_\_\_\_

2. CITIZENSHIP:  U.S.  Other (specify) \_\_\_\_\_

If US Citizen, state of which you are a legal residency \_\_\_\_\_

If other, identify Visa status:  F1  J1  Permanent resident  List number \_\_\_\_\_

3. CURRENT MAILING ADDRESS \_\_\_\_\_

Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Circle County of  
Residence Robeson,  
Hoke, Scotland, Bladen,**

PHONE/CELL# \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
(Area Code) Telephone & Cell Number(s)

4. PERMANENT ADDRESS, if different from current \_\_\_\_\_

(Area Code) Telephone Number \_\_\_\_\_

Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

5. PARENT/GUARDIAN \_\_\_\_\_ City/State \_\_\_\_\_

Area Code/Telephone Number (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

6. IN CASE OF EMERGENCY, CONTACT: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Area Code/Telephone & Cell Number(s) \_\_\_\_\_

Address \_\_\_\_\_



8. ESSAY

In the space provided below, describe in **500+** words your background, health career goals, health experiences that support a career in medicine, and motivation toward these goals. Why would you be a good candidate for the UNCP/BSOM Early Assurance Scholars Program and what benefits do you expect to receive?

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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

**UNCP and ECU Brody School of Medicine  
Early Assurance Scholars Program**

**INSTRUCTOR APPRAISAL FORM**

**Directions:** Please complete this form for \_\_\_\_\_ who has  
Name  
applied for admission to the UNCP/BSOM Early Assurance Scholars Program.

Please return completed form to: **NORTH CAROLINA HEALTH CAREERS ACCESS  
PROGRAM AT THE UNIVERSITY OF NORTH CAROLINA  
AT PEMBROKE**  
Post Office Box 1510 Pembroke, NC 28372  
Phone: (910) 521-6673, Fax: (910) 775-4751, Email: hcap@uncp.edu

1. I have known the applicant for a period of \_\_\_\_\_ in the following capacity \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The applicant ranks academically with other students taught in recent years as follows:  
Top 5% \_\_\_\_ Top 10% \_\_\_\_ Top 25% \_\_\_\_ Average \_\_\_\_ Below Average \_\_\_\_

3. Please rank the applicant on the following traits, relative to other students you have taught.

	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	No Opportunity to Observe	Comments
Intellectual Ability							
Communication Skills							
Emotional Stability							
Study Habits/Skills							
Attendance/Punctuality							
Comprehension							
Accuracy/Attention to Detail							
Maturity/Judgment							
Motivation/Perseverance							
Dependability							
Initiative/Industriousness							
Cooperative Attitude							
Ingenuity							
Leadership/Leadership potential							

4. Major strength of this student as a prospective participant in the UNCP/BSOM Early Assurance Program are  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The ability of the applicant to successfully pursue a graduate or professional health program is perceived as follows:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

6. The applicant as an Early Assurance candidate is:

Recommended with Confidence \_\_\_\_\_ Recommended \_\_\_\_\_

Recommended with Reservations \_\_\_\_\_ Not Recommended \_\_\_\_\_

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NAME OF PERSON COMPLETING THIS FORM (Print or Type)

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Title \_\_\_\_\_ Department \_\_\_\_\_

High School \_\_\_\_\_ Telephone \_\_\_\_\_

School Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ADD ANY RELEVANT INFORMATION:**