

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

**Thank you for your interest in the University of North Carolina At Pembroke/
ECU Brody School of Medicine Early Assurance Pathway!**

Please ensure that you have met the following program-specific prerequisites prior to packet submission:

- Minimum GPAs (comprises all courses, including repeated courses)**
 - Overall GPA \geq 3.5**
 - Math/Science GPA \geq 3.5**
- Completed 30 college credit hours (rising sophomore)**
- 2 instructor appraisal forms**
- 1 Letter of Recommendation from Practicing Physician, Research Faculty, or Math/Science Faculty**
- 1 Student Letter of Interest**

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APPLICATION FORM 2025

ECU Brody School of Medicine entering class of 2028

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

Email: hcaps@uncp.edu

PERSONAL AND RESIDENTIAL INFORMATION			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>		
State of Legal Residence:	<input type="text"/>	County:	<input type="text"/>
Phone Number:	<input type="text"/>	Banner ID:	<input type="text"/>
University Email:	<input type="text"/>		

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 28, 2025. You may email your completed application to hcaps@uncp.edu or hand deliver it to the NC-HCAP Office, Jacobs Hall-Suite F, as well.
2. **CANDIDATE SELECTION:** Candidates selected for a preliminary interview with UNCP will be notified by April 4, 2025.
3. 4 candidates selected from the UNCP preliminary interviews will be notified for a final interview on campus with ECU Brody School of Medicine by August 1, 2025.
4. **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.
5. **LETTER OF RECOMMENDATION:** Request a letter of recommendation (1) to be submitted by your Science/Math Instructor, Research Faculty, or Preceptor. Multiple letters of recommendations are acceptable.
6. **INSTRUCTOR APPRAISAL FORM:** Request Instructor Appraisal Forms (2) to be completed by Science/Math Faculty, pages 5-6 and 7-8 of this application.

This publication is also available in alternative forms upon request.
Please contact Accessibility Resource Center.
DF Lowry Building | 910.521.6695

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EDUCATION/ACHIEVEMENTS		
HIGH SCHOOL ATTENDED	DEGREE/GED	DATES ATTENDED
COLLEGE(S) ATTENDED	DEGREE	DATES ATTENDED
HONORS/SCHOLARSHIPS RECEIVED		
EXTRACURRICULAR AND COMMUNITY ACTIVITIES		
PRE-MEDICINE RELATED INVOLVEMENT/OPPORTUNITIES		
CERTIFICATIONS (CNA, CPR, EMT, ETC.)		
GPA		
Overall:		
Math/Science Courses:		

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STUDENT LETTER OF INTEREST

In the space provided, give a detailed description of your background, health career aspirations, relevant health experiences that have shaped your interest in this healthcare career, and the driving force behind your goals. Your response should be a minimum of 500 words. Additionally, explain why you believe you would be a strong candidate for the Early Assurance Scholars Program and outline the benefits you anticipate gaining from participation in the program.

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LETTER(S) OF RECOMMENDATION	
Give the name and title, address, and telephone number of the person submitting a letter of recommendation for you. Only 1 letter of recommendation is required.	
Name:	
Title:	
Department:	
Address:	
Telephone Number:	
Name:	
Title:	
Department:	
Address:	
Telephone Number:	

PARENT/GUARDIAN	
Name:	
Phone:	
Relationship:	

IN CASE OF EMERGENCY, CONTACT	
Name:	
Phone:	
Relationship:	

HOW DID YOU LEARN ABOUT THIS EARLY ASSURANCE SCHOLARS PROGRAM?

- Admissions Counselor
 Preprofessional Health Advisor
 Past Early Assurance Scholar
 Instructor/Science Faculty
 High School Counselor
 Other (Specify) Click or tap here to enter text.

I CONFIRM MY UNDERSTANDING THAT A STUDENT COMPETING FOR THE EA AWARD AT ONE UNIVERSITY IS INELIGIBLE TO BE NOMINATED FOR AN EA AWARD AT ANOTHER UNIVERSITY.

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:

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INSTRUCTOR APPRAISAL FORM 1

Directions: Please complete this form for _____ who has applied for admission to the UNCP/ECU Brody School of Medicine Early Assurance Scholars Program.

Please return completed form to:

**NORTH CAROLINA HEALTH CAREERS ACCESS PROGRAM
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 this student for _____ 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	Good	Average	Fair	Poor	No Opportunity to Observe	Comments
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Habits/Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy/Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative/Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership/Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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4. Major strengths of this student as a prospective participant in the 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 with Reservations
- Not Recommended

PERSON COMPLETING THIS FORM (Print or Type)

Name: _____

Title: _____

Department: _____

Employer: _____

Telephone: _____

Work Address: _____

Signature: _____

Date: _____

PLEASE ADD ANY ADDITIONAL RELEVANT INFORMATION:

Signature of Applicant: _____

Thursday, January 16, 2025

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INSTRUCTOR APPRAISAL FORM 2

Directions: Please complete this form for _____ who has applied for admission to the UNCP/ ECU Brody School of Medicine Early Assurance Scholars Program.

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8. I have known this student for _____ in the following capacity: _____

9. The applicant ranks academically with other students taught in recent years as follows:

- Top 5% Top 10% Top 25% Average Below Average

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

	Excellent	Good	Average	Fair	Poor	No Opportunity to Observe	Comments
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Habits/Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy/Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative/Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership/Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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11. Major strengths of this student as a prospective participant in the Early Assurance Program are:

- _____
- _____
- _____

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

- Excellent Good Average Fair Poor Unsatisfactory

13. The applicant as an Early Assurance candidate is:

- Recommended
- with Confidence with Reservations
- Not Recommended

PERSON COMPLETING THIS FORM (Print or Type)

Name: _____

Title: _____

Department: _____

Employer: _____

Telephone: _____

Work Address: _____

Signature: _____

Date: _____

PLEASE ADD ANY ADDITIONAL RELEVANT INFORMATION:

Signature of Applicant: _____

Thursday, January 16, 2025