West Virginia University Institute for Community & Rural Health
Medical Student Scholarship Program: 2016-2017
Application Packet

Submission Guidelines:

Your application, two recommendation forms, and the Certification of Education Status must be postmarked by **February 3, 2017**. Awards will be made in March, 2017.

Please send the entire completed application by the deadline to:

April L. Vestal, MPH, Director
WVU Institute for Community and Rural Health
PO Box 9009
Morgantown WV 26506-9009

Medical Scholarships are awarded through a competitive process, so please provide complete information. You may attach additional pages if needed. **Please type or print your responses in blue ink.** You can obtain an application form by visiting http://www.hsc.wvu.edu/icrh/Students
by clicking on Medical Scholarship Program.

The following materials are part of the application:
* Medical Scholarship Program Student Application 2015-2016
* Recommendation form (you will need two recommendation forms)
* Certification of Education Status Form

Eligibility:
West Virginia University School of Medicine students, who intend to practice in West Virginia in primary care. Selected students will receive a **$25,000** scholarship in exchange for their commitment to practice 12 months of full-time practice in an area of need in WV. The scholarship is renewable annually. With each award, the scholarship obligation upon completion of residency is 12 months of full-time practice. For example, a MSIII may receive the scholarship in the 3rd year of medical school and re-apply in the 4th year of medical school. The total scholarship of $50,000 would require a 24-month full-time obligation in an area of need in WV.

Obligation to Practice in West Virginia:

Students who are awarded a scholarship must sign a contract and practice full-time (32-40 hours per week) for a minimum of one year at an eligible site. Preferred geographic areas eligible for the service obligation are shown on the Primary Care Health Professional Shortage Areas (HPSAs) (**http://hpsafind.hrsa.gov**); OR, students may practice in a county that is rural as defined by a Rural Urban Commuting Area (RUCA) code of 4 or greater. http://depts.washington.edu/uwruca/ruca-data.php

In order to locate primary care HPSAs on the website, choose WV as the state, then choose the county in which you are interested. Under discipline, choose “primary care” and click the button “show me the HPSAs”.

If you have any questions regarding the website or primary care HPSAs or RUCA code designations, please contact Norm Ferrari or the WVU Institute for Community and Rural Health.

Students are responsible for locating a practice site that is either in a HPSA or is considered rural under RUCA (≥4) and must agree to provide medical services to West Virginia Medicaid and CHIP recipients in a needy area of the state. The penalty for not fulfilling the service obligation is repayment of the scholarship with interest.

Eligibility for Other Financial Incentives:

Students who are awarded a Medical Scholarship also may qualify for other financial incentives for rural practice in West Virginia. In some cases, the service obligations can be met concurrently.
If you have any questions, you may discuss the program with Dr. Larry Rhodes at larhodes@hsc.wvu.edu or April Vestal at avestal@hsc.wvu.edu.

West Virginia Medical Student Scholarship Program
Student Application 2016-2017

1. Name: _____ _____ _____
   (Last) (First) (Middle)

2. Date of Birth: _____

3. Current Mailing
   Street Address: _____

   _____ _____ _____
   (City) (State/Zip) (County)

   Evening/Home Phone:_____ Cell Phone: _____

   E-mail: _____

4. Permanent Mailing
   Street Address: _____

   _____ _____ _____
   (City) (State/Zip) (County)

5. Current year in school: _____ Anticipated Graduation Date:_____

6. Career Goal

7. Are you a resident of West Virginia? ☐ Yes ☐ No

   If "Yes", how many years? _____ What is your home county? _____

Please provide complete information in your responses. Attach additional pages if necessary.

8. Background:
   (Where were you born and raised? What family ties, if any, do you have in rural West Virginia? Have you ever lived or worked in rural West Virginia or another rural area?)

9. What personal and professional attributes make you a good match for rural practice?

10. What do you believe to be the positives and negatives of practicing and living in West Virginia?

11. If you received this scholarship, what impact would the service obligation have on your personal life?

12. Describe any related community research, service projects, or volunteer work you have done in rural West Virginia.

13. Have you explored practice opportunities in West Virginia? ☐ Yes ☐ No

Do you have a geographic preference? ☐ Yes ☐ No

Comments:

14. Do you have any professional or personal barriers to relocating to any part of the state?

15. Do you have any other service obligations, including military obligations? ☐ Yes ☐ No
If "Yes", please describe.

16. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act which requires that males between the ages of 18 and 25 register with the Selective Service.
Are you in compliance? ☐ Yes ☐ No ☐ Does not apply

Comments:

17. a. List a minimum of three practice opportunities that you have explored, including the site location.

b. Did you grow up in or near any of the above communities? ☐ Yes ☐ No

Additional Application Materials Required for All Applicants:

In addition to submitting a completed copy of this application, all applicants must also submit the following forms to the Institute for Community and Rural Health Scholarship Committee. All materials must be postmarked by February 5, 2016.

At least two letters of recommendation (use the enclosed Recommendation form) from (1) an official in the Dean's Office who can address your academic work, clinical skills and professionalism, and (2) An individual (not a relative) who is knowledgeable about your clinical experiences as a health professions student. *Letters of recommendation may be mailed separately, but must be submitted by the deadline.*

A completed version of the enclosed Certification of Educational Status Form executed by yourself and the appropriate school official.

Please notify Dr. Norman Ferrari in the School of Medicine that you are applying for the scholarship.

I hereby certify that all the above statements are true and correct. I understand that, if I am awarded a Medical Scholarship, I am obligated to practice a minimum of one to three years (depending on the amount of the award) in a rural, underserved area of West Virginia, defined as a HPSA or rural (≥4 code under RUCA) upon completion of residency.

I understand it is my responsibility to locate a practice site and be prepared to meet with the scholarship committee to explain why I selected the site.

I also understand that false statements on this application may be grounds for breach of contract.

_____ _____

(Signature of Applicant) (Date)