

West Virginia University Institute for Community & Rural Health
Medical Student Scholarship Program: 2018-2019
Application Packet

Submission Guidelines:

Your application, two recommendation forms, and the Certification of Education Status must be postmarked by **February 1, 2019**. Awards will be made in March, 2019.

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
- * Recommendation form
- * Certification of Education Status Form
- * Eligible Sites for Service Obligation

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.

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>).

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, please contact Norm Ferrari or the WVU Institute for Community and Rural Health.

Students are responsible for locating a practice site 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 2018-2019

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. Have you been a recipient of this scholarship before? Yes No

7. Career Goal

8. 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.

9. 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 WVU Institute for Community and Rural Health. All materials must be postmarked by February 1, 2019.

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 or other eligible sites upon graduation.

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)