Michigan State University College of Osteopathic Medicine  
Osteopathic Medical Scholars Program Application Instructions

Thank you for applying to MSUCOM Osteopathic Medical Scholars Program. Please complete your application and return all of the materials described on or before the final deadline of February 1st. You must also apply to and be accepted to MSU to participate.

Your application to the Osteopathic Medical Scholars program will be complete when we have received the following items. Please mail in one envelope your application including recommendation letters, unofficial copies of your high school transcript, ACT or SAT test score along with a check or money order in the amount of $100.00 made payable to MSUCOM. Mail it to our office at: Michigan State University College of Osteopathic Medicine - Osteopathic Medical Scholars - 965 Fee Rd. Rm. A128 - East Lansing, MI 48824. Be sure to make a copy for your records.

Check List

☑ Essay: How you found out about osteopathic medicine and what you like about it. Please use a separate sheet of paper for each question, using a size 12 font and double space to type your responses. Please no more than one page per question.

☑ Paid Work Experiences

☑ Volunteer Experience

☑ Extracurricular Activities

☑ Two recommendation letters. One recommendation letter needs to come from your Science Teacher and the other one from another teacher or school official.

☑ One (unofficial) copy of your ACT and/or SAT scores

☑ One (unofficial) copy of your Official High School Transcript

☑ Mail a picture (head shot) of yourself (can be a copy of a photo) (hard copy only – no digital or email photos)

☑ Make sure your first and last name along with your e-mail address appear at the top of each page.

☑ $100.00 non-refundable processing fee (check or money order payable to MSUCOM) (Fee waived if economic hardship is documented).

We will be unable to process your application until we have received the above items. It is your responsibility to follow up with our office to make sure all of your application materials have arrived. Please call our office at 517-432-2906 if you have any questions.
OSTEOPATHIC MEDICAL SCHOLARS PROGRAM
APPLICATION

Please type your responses to the following questions.

____________________
Date of application

____________________  ______________________  ____________
Last Name             First Name            Middle Initial

Permanent Address:

__________________________  ____________________________  _____  _____
Street                      City                      State            Zip code

__________________________  ____________________________
County                    Country (if not USA)

__________________________
Telephone Number            E-Mail Address

Name of High School:________________________________________________________

Date you plan to enter MSU________
Have you previously applied to OMSP, what year_____?

Have you participated in the Osteo CHAMPS program ________?

<table>
<thead>
<tr>
<th>Name</th>
<th>Living</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>(highest level)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

__________________________________________________________________________

___________________________________________________  ______________________
Father                                                  Mother

__________________________________________________________________________

Guardian
Name________________________
__________________________________________
E-mail address

Please use separate sheet of paper for each question, double space, using a size 12 font. Please no more than One page.

Essay: How did you find out about osteopathic medicine and what do you like about it?
Please use separate sheet of paper for each question, double space, using a size 12 font. Please no more than One page.

**PAID WORK EXPERIENCES**

We are unable to process your application unless you follow this format exactly. Provide the total cumulative number of hours (per week/month is not accepted).

<table>
<thead>
<tr>
<th>Position/Organization</th>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>Combined Total Hours</th>
<th>Duties/Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Fast Food</td>
<td>June 2006</td>
<td>Sept. 2006</td>
<td>249</td>
<td>Customer Service</td>
</tr>
</tbody>
</table>
Name ____________________________

_______________________________

E-mail address

Please use separate sheet of paper for each question, double space, using a size 12 font. Please no more than One page.

**VOLUNTEER EXPERIENCES**

We are unable to process your application unless you follow this format exactly. Provide the total cumulative number of hours (per week/month is not accepted).

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<th>Beginning Date</th>
<th>Ending Date</th>
<th>Combined Total Hours</th>
<th>Duties/Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Y</td>
<td>Jan. 2006</td>
<td>June 2007</td>
<td>70</td>
<td>Read books to preschoolers</td>
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</tbody>
</table>

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| | | | | |
Name ____________________________

_______________________________

E-mail address

Please use separate sheet of paper for each question, double space, using a size 12 font. Please no more than One page.

EXTRACURRICULAR ACTIVITIES

We are unable to process your application unless you follow this format exact. Provide the total cumulative number of hours (per week/month is not accepted).

<table>
<thead>
<tr>
<th>Position/Organization</th>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>Combined Total Hours</th>
<th>Duties/Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sparty Fan Club</td>
<td>March 2010</td>
<td>April 2010</td>
<td>40</td>
<td>Meetings</td>
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</table>