JW Carmichael Scholarship Application

A. General Information		
ApplicantFirstName		Last Name
Date of Birth		
E-mail address		
Home Address		
City	State	Zip/Postal Code
Country		Phone Number
Address at School		
City	State	Zip/Postal Code
Country		Phone Number
Country of Citizenship		
B. Education Information		
Department Major and Min	or	
Current Classification		
Expected Graduation Date		
•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Physics, and Mathematics) adline date?
What is your cumulative/ov	rerall grade point average	(A=4.0) as of application deadline date?
C. Course Information		
Please identify the semest	ter in which you completed	or plan to complete the course(s) listed below.

Course	Course Title	Semester Completed (fall/ spring/summer)	Year Completed
General Biology I	BIOL 1230		
General Biology I Lab	BIOL1230LB		

General Biology II	BIOL 1240	
General Biology II Lab	BIOL 1240LB	
General Chemistry I	CHEM 1010/1010DR	
General Chemistry I Lab	CHEM 1011LB	
General Chemistry II	CHEM 1020/1020DR	
General Chemistry II Lab	CHEM 1021LB	
Organic Chemistry I	CHEM 2210/2210DR	
Organic Chemistry I Lab	CHEM 2230LB	
Organic Chemistry II	CHEM 2220/2220 DR	
Organic Chemistry II Lab	CHEM 2240LB	
General Physics I	PHYS 2010	
General Physics I Lab	PHYS 2010LB	
General Physics II	PHYS 2020	
General Physics II Lab	PHYS 2020LB	
Intro to Biochemistry	CHEM 3130	

D. Ap	plication	Statement
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The information provided in my application is, to the best of my knowledge, complete and accurate, and I				
understand that false statements on this application will disqualify me from the scholarship.				
I, (please print name),	give permission for			
any college or school to release to the JW Carmichael Scholarship Committee any information				
necessary to process my application to the Program.				
Applicant's Signature	(Date)			

E. Application Summary

THE APPLICATION FORM MUST BE SUBMITTED ALONG WITH THE ADDITIONAL DOCUMENTS LISTED BELOW:

- 1. Personal Statement
- 2. Academic transcript
- 3. Premedical Office Advising Record (from Premedical Office)
- 4. Xavier University Premedical Office Auto-Calculation GPA Worksheet
- 5. Post-Secondary Experience Form (from Premedical Office)
- 6. List of Other Scholarships & Awards
- 7. Xavier University Office of Financial Aid Award Offer for the Award Year July 2020 June 2021

Send application materials to $\frac{puajwcscholarship@xula.edu}{puajwcscholarship@xula.edu}.$ Questions about the application process may be directed to $\frac{puajwcscholarship@xula.edu}{puajwcscholarship@xula.edu}.$

Applicants should submit final grades for Fall Semester 2020 by January 15, 2021.

Personal Statement

Please share your motivation for wanting to become a physician and address the question of who you are as a person that would make you a good physician? The American Medical College Application Service (AMCAS) offers the following questions, which you may consider while writing your personal statement:

Why have you selected the field of medicine?

What motivates you to learn more about medicine?

What do you want the committee to know about you that has not been disclosed in other sections of this application?

You may also want to include information about unique hardships, challenges, or obstacles that may have influenced your educational path; Comments on significant fluctuations in your academic record that are not explained elsewhere in your application.

Your personal statement should be typed, in no more than 5,300 characters, including spaces.