



Centers of Excellence (COE)
BS/MD Summer Enrichment Program

The application deadline for the Center of Excellence (COE) BS/MD Summer Enrichment Program is **February 15, 2023**. The program's tentative dates are May 15, 2023 - June 23, 2023.

The minimum criteria to be considered for the program is an applicant must be:

- African American/Black;
- U.S. citizen or permanent resident;
- Economically and/or educationally disadvantaged;
- Express desire to pursue a career as a physician;
- Have a cumulative grade-point average (GPA) of 3.25 or better on a 4.0 scale, with no grade less than a "C."

Please submit the following materials/information:

- Completed Application with a copy of your COVID-19 vaccination card;
- Personal Statement/Essay - explaining your educational and career goals;
- Official university transcript with a seal;
- Two letters of recommendation on university letterhead from faculty members and/or advisors.

Mail to:

or

Email to:

Mitzy Johnson, EdD
Director of Special Programs/Student and Academic Affairs
COE BS/MD Program Coordinator
Meharry Medical College
1005 D.B. Todd Boulevard
Nashville, TN 37208
615. 327.5966 (Office)
mjohnson@mmc.edu

coe-bsmd@mmc.edu



Centers of Excellence (COE)
BS/MD Summer Enrichment Program Application

COVID-19 Vaccination Status (proof of vaccination is required):

Fully vaccinated: Yes No

Select the type of vaccine received: Pfizer Moderna Johnson & Johnson

Contact Information

Last Name First Name M.I.

School Name:

Current School Address:

City State Zip Code

Current Phone # School Email Address

Permanent Address

City State Zip Code

Permanent Phone # Personal Email Address

Biographic Information

Gender: Male Female Date of Birth

Current Classification: Freshman Sophomore Other

Do you currently support any minor dependents? Yes No If yes, list their ages:

U.S. Citizen: Yes No Permanent Resident: Yes No

Ethnic Origin: African American or Black Other:

"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, D34HP16299-11-00, Center of Excellence, award amount \$3,177,641, and the percentage financed with nongovernmental sources is none. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government."

Family Information

Family Size: Single Parent

Both Parents

Number of Siblings

Occupation/Employer of Parents:

Father

Mother

Parents' Yearly Income:

10,000 - 19,999

60,000 - 69,999

20,000 - 29,999

70,000 - 79,999

30,000 - 39,999

80,000 - 89,999

40,000 - 49,999

90,000 - 99,999

50,000 - 59,999

100,000 or more

Demographic Information

Type of community in which you grew up:

City - more than 100,000

Inner City - part of the city, densely populated

Suburban – the residential area adjacent to a

City Town - population 50,000 - 100,000

Rural - county and/or farming area

Percentage of educational/college expenses covered by:

Family/Student

Loans

Scholarships

Do you consider yourself to be disadvantaged?

Financially:

Yes

No

Educationally:

Yes

No

If yes, please explain:

Applicant's Signature

I certify the information submitted in this application and associated materials are current, complete, and accurate to the best of my knowledge.

Signature

Date

"This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, D34HP16299-11-00, Center of Excellence, award amount \$3,177,641, and the percentage financed with nongovernmental sources is none. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government."