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:**  

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)  
[mitzyjohnson@mmc.edu](mailto:mitzyjohnson@mmc.edu)

**Email to:**  

[coe-bsmd@mmc.edu](mailto:coe-bsmd@mmc.edu)

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"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."
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: ____________________________

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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

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