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**Academic Honors and Special Activities** (i.e. scholarships, special programs participation, etc.):

**Extracurricular, Community Activities:**

**Work Experience during School Year in High School:**

**Summer Activities** (i.e. work, research, study, travel):

**(Use reverse side if needed)**

**Please use the space below for your personal statement of why you wish to be a physician; why you wish to be a part of the York College Premedical Scholars Program; and why you should be admitted to the Program.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return a copy of this form by April 1, 2017 *via* email or regular mail to the Chair of the Committee on Health Professions:**

Dr. Meda Higa  
Chair, Committee on Health Professions  
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York, PA 17403-3651  
Email: [premed@ycp.edu](mailto:premed@ycp.edu)