



STUDENT PRIMARY DATA SHEET

2008 MCAT Preparatory Course
Scholarship Application

ASSOCIATION OF AMERICAN
INDIAN PHYSICIANS (AAIP)
1225 Sovereign Row, Suite 103
Oklahoma City, OK 73108

Phone: 405-946-7072
Fax: 405-946-7651

E-Mail: lmyers@aaip.org or
rcrawford@aaip.org

Name: _____ Last First Middle		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date: _____
Social Security Number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date of Birth: _____ Age: _____	
Permanent Address _____ _____ Phone: _____ E-Mail: _____		Current Address _____ _____ Phone: _____ E-Mail: _____ Fax: _____	
School <input type="checkbox"/> High School <input type="checkbox"/> College/Post-Secondary, Name of school _____ Major: _____		US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	
School Year <input type="checkbox"/> FR <input type="checkbox"/> JR <input type="checkbox"/> Other _____ <input type="checkbox"/> SO <input type="checkbox"/> SR		Martial Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other	Closest Major Airport: _____ _____
TRIBAL AFFILIATION AND FAMILY BACKGROUND			
Place of Birth _____ City State <input type="checkbox"/> Rural <input type="checkbox"/> Reservation <input type="checkbox"/> Urban Tribe(s): _____	Tribal Language Speak Understand <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> None	Tribal Enrollment <input type="checkbox"/> Self <input type="checkbox"/> Grandmother <input type="checkbox"/> Mother <input type="checkbox"/> Grandfather <input type="checkbox"/> Father <input type="checkbox"/> Other:	
Blood Quantum: <input type="checkbox"/> 4/4 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Less than 1/4 _____	Parents' Occupation Father's: _____ Mother's: _____		
Check Other AAIP Programs of Interest:			
<input type="checkbox"/> Pre-Admission Workshop <input type="checkbox"/> AAIP Annual Meeting & National Health Conf. <input type="checkbox"/> Admission Test (s) – circle test of interest: MCAT. ACT. PAT. DAT. OAT.		<input type="checkbox"/> Patty Iron Cloud National Native American Youth Initiative <input type="checkbox"/> Cross Cultural Medicine Workshop <input type="checkbox"/> Financial Aid information <input type="checkbox"/> Association of Native American Medical Students Association	

Education - Academics

School Currently or Last Attended: _____ City _____ State _____

Reservation Non-Reservation Public Private BIA

Name of Post-Secondary school and/or High School Attended and Location	Dates Attended		Completed Yes or No	Diploma or GED/Year Rec'd.	Major Field of Study
	From	To			

HEALTH PROFESSIONS ENTRANCE TEST SCORES OR INDICATE DATE (S) SCHEDULED TO TAKE TEST.

- MCAT Score: _____ Date: _____ Other: _____
- DAT Score: _____ Date: _____
- PAT Score: _____ Date: _____
- OAT Score: _____ Date: _____

List Awards, Honors, or Special Achievements (Including Any Scholarships or Fellowships Received)

Name of Award/Honor	Date Received	Organization From Which Received	Reason

Please List Volunteer Work, Hobbies, Clubs, Sports, or Other Curricular Activities:

Are you interested in receiving information regarding research opportunities?

- Scholarship/Financial Aid Information
- National Institutes of Health (NIH) Research Training Opportunities
- National Institute of Environmental Health Sciences (NIEHS) Science Education Outreach Program Opportunities

ADDITIONAL QUESTIONS

In what health profession are you most interested and why? _____

What, if any, is your biggest concern or barrier regarding taking the MCAT test?

What, if any, is your biggest concern or barrier to pursuing additional health/medical education?

To which College/University are you most interested in applying/attending and why?

What are your career goals? _____

Explain how these career goals will help meet the health needs of Indian people. _____

Additional Comments or Questions? _____
