

EDUCATIONAL FAMILIARIZATION PROGRAM
LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER
Office of Multicultural Affairs

P.O. Box 33932
Shreveport, LA 71130-3932

Tel: (318) 675-5049
Fax: (318) 675-4332

APPLICATION REQUIREMENTS

Louisiana State University Health Sciences Center – Shreveport, Office of Multicultural Affairs sponsors the Educational Familiarization Program (EFP). The EFP is an intense seven-week Medical College Admissions Test (MCAT) preparatory program designed to improve test performance. The program begins June 13, 2005 through July 29, 2005

A. DIRECTIONS:

1. **Please type or print in black ink.**
2. **Complete ALL sections of the application.** Any space(s) left blank will render the application incomplete and delay processing.
3. **Transcript.** An official transcript from ALL universities/colleges attended.
4. **Description of Disadvantaged Status (Refer to Section C).**
5. **Please check the application for accurate social security number, birth date, and mailing address.**
6. **Applications and all supporting documents must be received on or before the deadline.**
7. **For program information go to the following web address:
<http://www.sh.lsuhsu.edu/multicultural/front.htm>**

APPLICATION DEADLINE - March 25, 2005



**EDUCATIONAL FAMILIARIZATION PROGRAM
LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER**

For Office Use Only	
Rec'd _____	
GPA _____	
Confirmation Letter _____	
Transcript _____	
Accepted <input type="checkbox"/>	Rejected <input type="checkbox"/>

Student Application Form

B. Personal Information – Please Print Legibly or Type

DATE: _____ SSN #: _____ SEX: Male Female

Name: _____
(Last) (Maiden) (First) (Middle)

Mailing Address: _____
P.O. Box or Street City State Zip

AGE: _____ DOB: _____ Marital Status: Single Married Louisiana Resident: YES NO

NAME OF MOTHER or SPOUSE: _____

HOME TELEPHONE: () _____ WORK TELEPHONE: () _____

NAME OF FATHER _____ Address _____

HOME TELEPHONE: () _____ WORK TELEPHONE: () _____

PERSON(S) WITH WHOM YOU LIVE _____ RELATIONSHIP _____

Emergency Contact Person: _____

Address: _____ Telephone: _____

Health Care Provider: _____ Policy Number: _____

Address: _____ Phone Number: _____

Last School Attended: _____ Pre-Med Advisor: _____

Classification: _____ Graduation Date: _____

Race/Ethnicity

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian/White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other _____

Please describe your hometown by checking one of the following areas:

- Rural (Population less than 2,500)
- Urban (Population 2,500 or more)

List Academic Awards, Honors or Scholarships: _____

List Extracurricular Activities or Organizations: _____

Have you taken the Medical College Admission Test (MCAT)? NO YES, year _____

Indicate scores: PS _____ BS _____ VR _____ WS _____

Have you applied to Medical School? NO YES, year _____

Did you receive an interview? NO YES, year _____

What Medical School? _____

Educational Familiarization Program

Participant's Name: _____

C. Disadvantage Criteria:

A disadvantaged student may belong to **one** or **all** of the categories listed below regardless of race.

1. **Economic Disadvantage:** Is based on parental or personal income and the number and age of dependents in a household as established by federal guidelines:

Income Levels for 2003 - 2004

Family Size ¹	Income Level ²
1	\$ 8,980
2	12,120
3	15,260
4	18,400
5	21,540
6	24,680
7	27,820
8	30,960
¹ Includes only dependents listed on Federal Income Tax forms.	
² Adjusted gross income for calendar year 2003.	

Source: Federal Register, Vol. 69, No. 30, February 13, 2004

2. **Educational Disadvantaged:**
 - Students with limited proficiency in English
 - Students with below national norm scores on standardized tests
 - Students with parents or grandparents with limited formal education
 - Non-traditional students
3. **Social Disadvantaged:**
 - Students residing in a single-parent household
 - Students being raised by grandparents
 - Students residing in public housing or utilizing public assistance
4. **Non-Disadvantaged:** Students who do not meet the above criteria, but would benefit from participation may apply.
4. **Family's Annual Income Level:** Check the appropriate box for your family's annual Income level. If this section is left blank the application will be rendered incomplete and processing will be delayed.

<input type="checkbox"/> Less than \$ 7,990.00 per year	<input type="checkbox"/> \$ 20,001 to \$ 30,000 per year
<input type="checkbox"/> \$ 8,000 to \$ 10,000 per year	<input type="checkbox"/> \$ 30,001 to \$ 50,000 per year
<input type="checkbox"/> \$ 10,001 to \$ 15,000 per year	<input type="checkbox"/> \$ 50,001 to \$ 70,000 per year
<input type="checkbox"/> \$15,001 to \$ 20,000 per year	<input type="checkbox"/> \$ 70,001 to \$ 100,000 per year

