



## Early Medical School Acceptance Program

The University of Texas Medical Branch - School of Medicine  
**HIGH SCHOOL APPLICATION**

PLEASE PRINT AND MAIL TO APPROPRIATE ADDRESS (see last page of application for addresses).

Date: \_\_\_\_\_

Please check the college you plan to attend:

<input type="checkbox"/> Prairie View A&M University	<input type="checkbox"/> Texas Southern University	<input type="checkbox"/> University of Texas at El Paso
<input type="checkbox"/> Texas A&M International University	<input type="checkbox"/> University of Texas at Brownsville	<input type="checkbox"/> University of Texas Pan American

### I. PERSONAL DATA:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Number of years at this address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you a Texas resident? Yes ☐ No ☐ How many years have you lived in Texas? \_\_\_\_\_

Are you a United States citizen? Yes ☐ No ☐ If not, what is your citizenship? \_\_\_\_\_

Provide the Visa type or Resident Status: \_\_\_\_\_ Date issued: \_\_\_\_\_

Are you currently under charge or have you ever been convicted of a felony or misdemeanor, other than minor traffic violations, or have you ever received a felony or misdemeanor deferred adjudication? Yes ☐ No ☐  
As applicant need not disclose information about a juvenile or criminal record that has been sealed or expunged. Failure to disclose information may result in the applicant being denied admission. If yes, explain fully including dates.

(Do not include routine traffic violations; but DWI, DUI & DWL are not routine traffic violations and must be listed.)

**2. EDUCATIONAL DATA** (Please attach a copy of your official high school transcript to this application.)

High School Name: \_\_\_\_\_

High School Location (City): \_\_\_\_\_

Total number of high school students at your school: \_\_\_\_\_ Number in Senior class: \_\_\_\_\_

Current class rank: \_\_\_\_\_ Overall GPA: \_\_\_\_\_ Science GPA: \_\_\_\_\_

Est. grad. date: \_\_\_\_\_

Composite SAT score: \_\_\_\_\_  
Mathematics \_\_\_\_\_  
Critical Reading \_\_\_\_\_Date taken: \_\_\_\_\_  
Writing \_\_\_\_\_Composite ACT score: \_\_\_\_\_  
English \_\_\_\_\_  
Mathematics \_\_\_\_\_Date taken: \_\_\_\_\_  
Reading \_\_\_\_\_  
Science \_\_\_\_\_

Total College Credit Hours: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**3. FAMILY HISTORY AND DATA:**

Father's Name: \_\_\_\_\_ Highest Educational level: \_\_\_\_\_

Father deceased? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Highest Educational level: \_\_\_\_\_

Mother deceased? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Ages: \_\_\_\_\_ Number of siblings attending college: \_\_\_\_\_

How many generations has your family lived in the state of Texas? \_\_\_\_\_

Is English your first language? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what is your first language? \_\_\_\_\_

What is the predominant language spoken in your home? \_\_\_\_\_

Please list all languages in which you are fluent (other than English). \_\_\_\_\_

**4. FINANCIAL DATA:**

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

Are you eligible to receive a PELL GRANT from FASFA? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your Estimated Family Contribution (EFC) below \$8000? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list EFC: \_\_\_\_\_

What was your parents after-taxes income for the 2012 tax year: (check one)

☐ 0-\$10,000      ☐ \$30,001-\$40,000      ☐ \$60,001-\$70,000      ☐ \$90,001 - \$100,000  
☐ \$10,001-\$20,000      ☐ \$40,001-\$50,000      ☐ \$70,001-\$80,000      ☐ Over \$100,000  
☐ \$20,001-\$30,000      ☐ \$50,001-\$60,000      ☐ \$80,001-\$90,000

If your family owned a home, please estimate the value of the home. (check one)

☐ Less than \$70,000      ☐ \$80,001-\$90,000      ☐ \$100,001-\$110,000  
☐ \$70,001-\$80,000      ☐ \$90,001-\$100,000      ☐ Over \$110,000

Type of community/neighborhood in which you grew up (city, inner city, suburban, town, rural): \_\_\_\_\_

**Definitions:** **City** – population more than 100,000; **Inner City** - current part of the city, densely populated and low income;  
**Suburban** – residential area adjacent to a city; **Town** – population 50,000-100,000; **Rural** – county and/or farming area

List all full- and part-time employment experiences including summers that you have held for the past two years.  
 Use a separate sheet if necessary.

Company/Organization	Position	Dates	Hours per week

## 5. BIOGRAPHICAL DATA

a. List any academic honors, awards, and other recognitions received while in high school and to the present.

**b. List any leadership roles or positions of responsibility held while in high school and to the present.**

**c. List any health-care related community service, volunteer, or employment experiences you have participated in while in high school and to the present.**

**d. List any non health-care related community service or volunteer activities you have participated in while in high school and to the present.**

e. List extracurricular activities you have participated in while in high school and to the present.

**5. Personal Statement:**

Please provide a statement (in the space provided below) detailing an interest in and commitment to completing a college education, the benefits of EMSAP, and interest in a career in medicine.

I certify the information provided in the above application is complete and correct to the best of my knowledge. (Please sign and date after printing completed document).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Early Medical School Acceptance Program

The University of Texas Medical Branch - School of Medicine  
**HIGH SCHOOL FRESHMAN APPLICATION**

### Supplemental Data Request Form

Please check the program(s) to which you are applying:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Prairie View A&M University        | <input type="checkbox"/> Texas Southern University          | <input type="checkbox"/> University of Texas at El Paso   |
| <input type="checkbox"/> Texas A&M International University | <input type="checkbox"/> University of Texas at Brownsville | <input type="checkbox"/> University of Texas Pan American |

\_\_\_\_\_  
(Name)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Date of Birth)

1. Please indicate your race or ethnic group as follows:

- |   |   |
|---|---|
| (1) <input type="checkbox"/> American Indian/Alaskan Native | (6) <input type="checkbox"/> Other Hispanic         |
| (2) <input type="checkbox"/> Black/African American         | (7) <input type="checkbox"/> White/Caucasian        |
| (3) <input type="checkbox"/> Asian/Pacific Islander         | (8) <input type="checkbox"/> Other (specify): _____ |
| (4) <input type="checkbox"/> Mexican American               | (9) <input type="checkbox"/> Unreported             |
| (5) <input type="checkbox"/> Puerto Rican (Mainland)        |   |

2. Photographs are requested to assist the committee members in identifying and remembering applicants being considered for acceptance in the EMSAP.

**2" X 3"**

**attach photo here**

**Please submit one photograph.  
It should be a recent photo  
and approximately 2" X 3" in size.**

**Please print name on back of photograph.**