



EARLY IDENTIFICATION PROGRAM APPLICATION 2021-2022

Application Deadline for **Tougaloo College** applicants **March 1, 2022**

1. Legal Name	Last	First	Middle
2. Any other name appearing on your records?			
	Last	First	Middle
3. Preferred mailing address from <i>(date)</i> :		until <i>(date)</i> :	
Street	City	State	Zip Code Telephone
4. Permanent Address			
Street	City	State	Zip Code Telephone
5. Email Address	6. Gender	7. Date of Birth	8. Present Age
	<input type="checkbox"/> Male		
	<input type="checkbox"/> Female		
	Non-binary		

9. If you are a member of a minority group and you wish to indicate such status, please check the appropriate category or categories (*optional question*)

<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Mexican American
<input type="checkbox"/> Native American	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Hispanic American (please specify)
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Asian American	<input type="checkbox"/> Other (please specify)

10. Please list below the name, degree received, date of graduation, and relationship of anyone in your immediate family who is a graduate of Brown University or Alpert Medical School.

Name	Type of Degree (AB, MA, MD, etc.)	Graduation Date (Month/Year)	Relationship to You

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11. Family Data

Name	State of Residence	Occupation	Living?
Parent 1			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent 2			<input type="checkbox"/> Yes <input type="checkbox"/> No
Ages of brothers	Ages of sisters		

12. Secondary School

Name	City	State	Year of Graduation

13. Prior College

List in chronological order all colleges attended (please include summer schools):

Institution	City, State	Dates of Attendance (Month/Year)		Type of Degree/ Concentration (e.g., BS/Biology)	Graduation Date	
		From:	To:		Month:	Year:
		From:	To:		Month:	Year:
		From:	To:		Month:	Year:
		From:	To:		Month:	Year:

14. List the names and titles of three individuals whom you have asked to send a letter of recommendation, in addition to the premedical advisor's letter.

Name	Title
Name	Title
Name	Title

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15. Summary of Academic Information (*please include grade point average and class rank only if normally derived by your school*):

- a. Cumulative undergraduate GPA: _____ on a scale of _____
- b. Cumulative undergraduate science GPA: _____ on a scale of _____
- c. High School Class Rank: _____ out of _____ students

16. Scores on standardized examinations (*most recent*):

Scholastic Aptitude Test (SAT) Test Date:	Total:	Critical Reading:	Math:	Writing:	
American College Test (ACT) Test Date:	Total:	English:	Math:	Reading:	Science:
		Writing:	(if applicable)		

17. In what state do you claim legal residence?

18. Place of Birth: City _____ State _____ Country _____

19. Certain federal funding programs require medical schools to document the number of applicants who are from disadvantaged backgrounds. Do you believe that you have come from an environment which has inhibited you from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a medical school? Yes No

If YES, please describe below the obstacles that you have had to overcome in your pursuit of a medical education:

20. Have you ever been the recipient of any institutional action by any college or university for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw? Yes No

21. Have you ever been found guilty of or pleaded guilty or no contest to criminal misconduct in a federal, state or local court of law or any other form of competent jurisdiction? * Yes No

** If you answered "Yes" to Question 20, or 21 please explain the circumstances below*

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22. List any honors you have received in college. *(Please include honor societies.)*

23. In which work, extracurricular, community or avocational activities have you participated in the last three years? It may be helpful to list your activities under categories such as: Healthcare (including shadowing); Leadership; Volunteering; Extracurricular Involvement, etc. (Please list dates and approximate number of hours.)

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24. Please share with us something about yourself that is not addressed elsewhere in your application and which may help the Admissions Committee to assess your motivation for a career in medicine. We are especially interested in learning about any experiences that have confirmed your commitment to a medical career. This would also be a good opportunity to reflect on your experiences during the COVID-19 pandemic.

Certification Statement

I certify that the information presented in my application is accurate, complete, honestly presented, and written by me. I also certify that any information submitted on my behalf, including letters of evaluation, is authentic. I understand and agree that any inaccurate information, misleading information, plagiarism, or omission will be cause for the rescission of any provisional offer of admission, or for discipline, dismissal or revocation of degree if discovered at a later date. The information in my application may be used by The Warren Alpert Medical School of Brown University for research purposes. I understand that I will be required to complete information needed for a criminal background check (CBC) if offered admission. I understand that Alpert Medical School reserves the right to reconsider an offer of admission if the CBC results or other information comes to the attention of the Admissions Committee raises concerns regarding my suitability for a career in medicine.