



University of Hawai'i at Mānoa  
John A. Burns School of Medicine

**IMI HO'OLA POST-BACCALAUREATE PROGRAM**

# Imi Ho'ola 2010–2011 Application

## Personal Background

**NAME:**

\_\_\_\_\_  
LAST FIRST M.I.

**Current Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

Effective until: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Sex:**  Male  Female

**Marital Status:** \_\_\_\_\_

**Birthplace:** \_\_\_\_\_

**Legal Residence:** \_\_\_\_\_

**Geographical area you spent the majority of your life from birth to age 18:**

\_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY/TOWN STATE COUNTY

**Citizenship:** \_\_\_\_\_

**Visa Status** (if not U.S. citizen): \_\_\_\_\_

**Is English your first language?**  
(primary language spoken in the home)?

YES  NO

**Social Security #:** \_\_\_\_\_

**AMCAS ID #:** \_\_\_\_\_

**Permanent Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_

**Ethnicity** (list all):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Siblings** (if applicable): \_\_\_\_\_

Ages of Brothers: \_\_\_\_\_

Ages of Sisters: \_\_\_\_\_

**Ages of Children** (if applicable):

\_\_\_\_\_  
**Number of people in your primary household during the majority of your life from birth to age 18:**

**Indicate if you grew up in any of these housing communities:**

"Public Housing"  Hawaiian Homestead

Plantation Camp/Town  Other (specify): \_\_\_\_\_

Name: \_\_\_\_\_

**Father**

**Mother**

Name: \_\_\_\_\_

\_\_\_\_\_

Legal Residence: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

\_\_\_\_\_

Marital Status: \_\_\_\_\_

\_\_\_\_\_

**Education**

Years of schooling: \_\_\_\_\_

\_\_\_\_\_

Highest degree attained: \_\_\_\_\_

\_\_\_\_\_

Name of school: \_\_\_\_\_

\_\_\_\_\_

Occupation:\* \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Paternal Grandfather**

**Paternal Grandmother**

**Education**

Years of schooling: \_\_\_\_\_

\_\_\_\_\_

Highest degree attained: \_\_\_\_\_

\_\_\_\_\_

Name of school: \_\_\_\_\_

\_\_\_\_\_

Occupation:\* \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Maternal Grandfather**

**Maternal Grandmother**

**Education**

Years of schooling: \_\_\_\_\_

\_\_\_\_\_

Highest degree attained: \_\_\_\_\_

\_\_\_\_\_

Name of school: \_\_\_\_\_

\_\_\_\_\_

Occupation:\* \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\*List current or most recent occupation. If retired or deceased, list the last occupation held.

Name: \_\_\_\_\_

**Combined Annual Income of Parent(s):**

(Based on 2008 U.S. income tax return. Please complete whether or not you are self-supporting.)

- \$24,920 and under
- \$24,921–\$33,520
- \$33,521–\$42,120
- \$42,121–\$50,720
- \$50,721–\$59,320
- \$59,321–\$67,920
- \$67,921–\$76,520
- \$76,521–\$85,120
- \$85,121 or more

How many people are claimed on 2008 U.S. income tax return including yourself and your parent(s)/guardian(s)?

\_\_\_\_\_

List their relationship to you and their ages. Include yourself if applicable:

RELATIONSHIP	AGE
_____	_____
_____	_____
_____	_____

**Annual Income of Applicant Combined with Spouse if Applicable:**

(Based on 2008 U.S. income tax return.)

- \$24,920 and under
- \$24,921–\$33,520
- \$33,521–\$42,120
- \$42,121–\$50,720
- \$50,721–\$59,320
- \$59,321–\$67,920
- \$67,921–\$76,520
- \$76,521–\$85,120
- \$85,121 or more

How many people are claimed on 2008 U.S. income tax return including you and your spouse?

\_\_\_\_\_

List their relationship to you and their ages:

RELATIONSHIP	AGE
_____	_____
_____	_____
_____	_____

SPOUSE'S OCCUPATION: \_\_\_\_\_

Is the combined annual income of your parent(s) or guardian(s) for year 2008 U.S. income tax return below \$79,240 (Hawai'i median income based on U.S. Census Bureau for 4-Person Family)?  YES  NO

Have you or members of your immediate family ever used Federal or State assistance programs (e.g., food stamps, free lunch, welfare)?

YES  NO If yes, list year(s) received assistance: \_\_\_\_\_

Did you have paid employment prior to age 18?  YES  NO

If yes, were you required to contribute to the overall family income (as opposed to working primarily for your own discretionary spending)?  YES  NO

**How have you paid for or plan to pay for your high school, undergraduate, and Imi Ho'ola education?**

List the percentage of financial assistance provided within each category:

	ACADEMIC (MERIT) SCHOLARSHIP(S)	NEED-BASED SCHOLARSHIP(S) & LOAN(S)	STUDENT LOAN(S)	FAMILY CONTRIBUTION	APPLICANT CONTRIBUTION	OTHER (list)
High School						
Undergraduate						
Graduate*						
Imi Ho'ola						

\*Only complete the Graduate section if you have completed or are completing a graduate degree.

Name: \_\_\_\_\_

## Educational Background

High School Attended:

Private

Public

NAME	CITY/STATE	YEAR GRADUATED
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Undergraduate, Graduate and Professional Schools Attended:

All undergraduate colleges attended (list most recent first):

INSTITUTION	CITY/STATE	DATES ATTENDED	MAJOR	DEGREE	DATE GRANTED/ EXPECTED

Graduate or Professional School Attended:

\_\_\_\_\_

Are you the first in your family to graduate from college with a bachelor's degree?

Yes  No

Have you ever been placed on probation, suspension, or dismissal by a college or university?  Yes  No

If yes, provide complete details below, including date(s) of action(s). Attach additional sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_

List college courses you will complete by June 2010 that are not reflected in your transcripts.

SUBJECT/COURSE NO	SEMESTER CREDIT HOURS	DESCRIPTION	SEMESTER

Did your high school provide science courses/laboratory experiences that were sufficient to prepare you for college?  Yes  No

Did your high school provide you with sufficient counseling that encouraged you to pursue a bachelor's degree?

Yes  No

List college honors, awards, and/or research experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

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## Social Background

Did you have a physician role model while growing up?  Yes  No

Did you have a support system while attending college?  Yes  No

List Health Career Opportunity Programs (HCOP) and other disadvantaged programs you have participated in:

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Did you apply to the Imi Ho'ola Program previously?  Yes  No

If yes, what year(s)? \_\_\_\_\_

Did you apply to JABSOM previously?  Yes  No

If yes, what year(s)? \_\_\_\_\_

Date of most recent MCAT: \_\_\_\_\_

## Personal Statement

**(Please limit your responses to the space provided)**

*The purpose of the Imi Ho‘ola Post-Baccalaureate Program is to support diversity of the physician workforce and produce physicians who demonstrate a strong commitment to practice in underserved communities in Hawai‘i and the Pacific.*

### **A. DESCRIBE HOW YOU MEET THE DISADVANTAGED CRITERIA**

*Discuss any family or personal circumstances (e.g. hardships) that will be useful in reviewing your application based on the disadvantaged criteria:*

- *Be from a disadvantaged educational background*
- *Be from a disadvantaged social background*
- *Be from a disadvantaged economic background*

Name: \_\_\_\_\_

**B. DISCUSS WHY YOU WANT TO PURSUE A CAREER IN MEDICINE. ADDRESS HOW THESE REASONS RELATE TO YOUR PAST EXPERIENCES AND LIFE GOALS.**

Name: \_\_\_\_\_

**C. DISCUSS THE FOLLOWING:**

- A. YOUR DEMONSTRATED PAST AND CURRENT COMMITMENT TO SERVE IN AREAS OF NEED IN HAWAI'I AND THE PACIFIC.
- B. YOUR MOST SIGNIFICANT EXPERIENCE IN TERMS OF COMMUNITY SERVICE, CHURCH ACTIVITIES, VOLUNTEER AND/OR LEADERSHIP EXPERIENCES AND WHY YOU CHOSE THIS EXPERIENCE.
- C. HOW DO YOU ENVISION YOURSELF SERVING IN AREAS OF NEED IN THE FUTURE FOLLOWING YOUR RESIDENCY TRAINING? WHERE WOULD YOU SERVE?

## Extracurricular, Volunteer and Employment Information

### A. EXTRACURRICULAR COLLEGE ACTIVITIES *(list most recent first):*

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

### B. VOLUNTEER HEALTH SERVICE, PUBLIC SERVICE, OR COMMUNITY ACTIVITIES *(list most recent first):*

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

### C. EMPLOYMENT *(list most recent first):*

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Organization: \_\_\_\_\_ From: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Location: \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Title/Position: \_\_\_\_\_ Average hours worked per week: \_\_\_\_\_  
 Duties: \_\_\_\_\_

Name: \_\_\_\_\_

**List Medical Schools to which you have applied:**

MEDICAL SCHOOL	APPLICATION YEAR	CLASS ENTERING	ACTION TAKEN
John A. Burns School of Medicine			

**Recommendations:**

*Two letters of recommendation are required. At least one of the letters must be from a professor/pre-med advisor.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**How did you hear about the Imi Ho'ola Program?** \_\_\_\_\_

**Certification**

I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or failure to supply required information in connection with this application may result in the rejection of my application. I agree to notify the Imi Ho'ola Post-Baccalaureate Program of any additional information or changes that arise during the application process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Deadline: November 30, 2009**

*(Please keep a copy for your personal records)*