Name: (last name, first name)

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

'Imi Ho'ōla Post-Baccalaureate Program
651 Ilalo Street, MEB • Honolulu, HI 96813
Telephone: (808) 692-1030 • Fax: (808) 692-1254

Sample Application Questions

Application Part 1

SAMPLE

PERSONAL DEMOGRAPHICS

NAME (Last Name, First Name, M.I.):

Current Mailing Address:

Permanent Mailing Address:
(if different from current mailing address)

Telephone:

Email address:

Legal Residence:

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

AMCAS ID #:

Date of Birth:

Age:

Sex:

Marital Status:

Birthplace:

Ethnicity (list all):

The information requested regarding ethnicity is optional and will not be used for admissions purposes. It will be used to satisfy federal reporting requirements and may be used for other purposes allowed by law.

Citizenship:

Visa Status (if not U.S. citizen):

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

Name: (last name, first name)

University of Hawai‘i at Manoa John A. Burns School of Medicine

‘Imi Ho‘ōla Post-Baccalaureate Program
651 Ilalo Street, MEB • Honolulu, HI 96813
Telephone: (808) 692-1030 • Fax: (808) 692-1254

Recommendation Form

Name of Applicant:

(Last) *(First)* *(Middle)*

AMCAS ID#:

Applicant Email:

The Family Educational Rights and Privacy Act of 1974 entitles students to have access to letters of recommendation in their permanent record file. The University of Hawai'i provides students access to their educational records and assures confidentiality of such records except as permitted by the regulations or authorized by the student. Applicants may waive their right of access, in which case letters of recommendation will be considered confidential and not be available to the student. Waiver of your right of access to the contents of the letter is not required as a condition for admission to or receipt of any other services and benefits from the University of Hawai'i.

The following statement indicates the wish of the applicant regarding this letter of recommendation.

□

Signature (reference file in REDCap)	**Date**

Recommender's Name:		
Position/Title:		
Name of Organization:		
Address:		
Phone:	**Fax:**	**Email:**
PDF (reference file in REDCap):		

Recommender's Name:		
Position/Title:		
Name of Organization:		
Address:		
Phone:	**Fax:**	**Email:**
PDF (reference file in REDCap):		

Recommender's Name:		
Position/Title:		
Name of Organization:		
Address:		
Phone:	**Fax:**	**Email:**
PDF (reference file in REDCap):		

SAMPLE

Application Part 2

FAMILY BACKGROUND

	Father	Mother
Name:		
Current Address:		
Telephone:		
Marital Status:		
EDUCATION		
Number of years of schooling		
Highest degree attained		
Name of School		
Occupation		
Duties/Responsibilities		

	Paternal Grandfather	Maternal Grandfather
EDUCATION		
Number of years of schooling		
Highest degree attained		
Name of School		
Occupation		
Duties/Responsibilities		

	Paternal Grandmother	Maternal Grandmother
EDUCATION		
Number of years of schooling		
Highest degree attained		
Name of School		
Occupation		
Duties/Responsibilities		

SAMPLE

Name: (last name, first name)

ECONOMIC BACKGROUND

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

If yes, list year(s) received assistance:

Did you have paid employment prior to age 18?

If yes, were you required to contribute to the overall family income (as opposed to working primarily for own discretionary spending)?

Have you used need-based scholarship(s) or loan(s) to fund your undergraduate or graduate education?

SAMPLE

Name: (last name, first name)

EDUCATIONAL BACKGROUND

High School where you received your diploma:

HIGH SCHOOL NAME	**CITY**	**STATE**	**YEAR GRADUATED**

High School attended, if different from graduated from:

HIGH SCHOOL NAME	**CITY**	**STATE**	**YEAR GRADUATED**

Were your science courses/laboratory experiences sufficient to prepare you for college?

Did you utilize science courses/lab experiences to prepare you for college?

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

Undergraduate, Graduate and Professional Schools Attended: All undergraduate colleges attended (listmost recent first):

Institution	City/State	Dates Attended	Major	Degree	Date of Degree Granted/ Expected

Graduate or Professional School(s) attended:

Institution	City/State	Dates Attended	Major	Degree	Date of Degree Granted/ Expected

SAMPLE

Name: (last name, first name)

EDUCATIONAL BACKGROUND

Have you ever been placed on probation, suspension, or dismissal by a college or university?

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

If applicant attached a supplemental file, please reference the following file: If no file is named, no supplemental files were attached.

List College Honors/Awards:

Name of Award	Date Received	Description

SAMPLE

Name: (last name, first name)

EXTRACURRICULAR

List Research Experiences:

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

SAMPLE

Name: (last name, first name)

List Shadowing Experience:

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Do you have a physician or healthcare role model/mentor?

Did you have a support system while attending college?

Did you apply to the ʻImi Hoʻōla Program previously?

If yes, what year(s)?

Did you apply to JABSOM previously?

If yes, what year(s)?

SAMPLE

Name: (last name, first name)

List health career preparation programs that you have participated in.

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		
Experience Description:		

SAMPLE

Name: (last name, first name)

Extracurricular College Activities *(list most recent first)*:

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

SAMPLE

Name: (last name, first name)

Volunteer Health Experience, Public Service, or Community Activities *(list most recent first)*:

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

SAMPLE

Name: (last name, first name)

Employment *(list most recent first)*:

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

Organization Name:		From: Month: Year:
City/State/Country:		To: Month: Year:
Experience Name:		Total Hours:
Experience Description:		

SAMPLE

Name: (last name, first name)

PERSONAL STATEMENT

3000 character maximum, single space 12 pt font (spaces are counted as characters)

A. Describe why you want to pursue a career in medicine. What key experiences have influenced this decision?

SAMPLE

Name: (last name, first name)

1500 character maximum per essay, single space 12 pt font (spaces are counted as characters)

B. Describe any family or personal circumstances (e.g. hardships) that will be useful in reviewing your application.

SAMPLE

C. Describe how you have been able to overcome any personal hardship or adversity that you have faced.

Name: (last name, first name)

1500 character maximum per essay, single space 12 pt font (spaces are counted as characters)

D. What cultural experiences have been influential to your journey to medicine?

SAMPLE

Name: (last name, first name)

Please answer each question separately. 750 character maximum per essay, single space, 12 pt font (spaces are counted as characters)

E. 1) Describe your past and current demonstrated commitment to serve in Hawai'i and/ or Pacific Region (i.e., extracurricular activities, volunteer, healthcare role, population served, or employment).

SAMPLE

2) What is your most significant experience in the areas of community service, volunteer, and/or leadership and share how this experience was significant.

Name: (last name, first name)

3) How do you envision yourself serving in areas of need as a future physician?

4) Following your residency training, what geographic area and patient population do you intend to serve?

SAMPLE

Name: (last name, first name)

List Medical Schools that you are currently applying to:

Date of most recent MCAT:

Date of most recent PREView:

How did you hear about the ʻImi Hoʻōla Program?

Name of individual/event/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 ʻImi Hoʻōla Post-Baccalaureate Program of any changes that arise during the application process.

Applicant Signature (reference file in REDCap copy):

Date of Application Submission:

SAMPLE

Name: (last name, first name)

University of Hawai‘i at Manoa John A. Burns School of Medicine

‘Imi Ho‘ōla Post-Baccalaureate Program
651 Ilalo Street, MEB • Honolulu, HI 96813
Telephone: (808) 692-1030 • Fax: (808) 692-1254

Consent Form

Name of Applicant:
(Last) *(First)* *(Middle)*

AMCAS ID#:

I hereby give permission to the Admissions Officer at the John A. Burns School of Medicine to release a copy of my current AMCAS application to the ‘Imi Ho‘ōla Post-Baccalaureate Program.

Signature (reference file in REDCap) **Date**

SAMPLE

Name: (last name, first name)

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

'Imi Ho'ōla Post-Baccalaureate Program
651 Ilalo Street, MEB • Honolulu, HI 96813
Telephone: (808) 692-1030 • Fax: (808) 692-1254

Verification of Science Prerequisites

The following science prerequisites must be completed PRIOR to matriculation to the 'Imi Ho'ōla Post-Baccalaureate Program:

0 Biology (with lab)..... one academic year* with lab
0 General Chemistry (with lab)..... one academic year* with lab
0 Organic Chemistry (with lab)..... one academic year* with lab
0 General Physics (with lab)..... one academic year* with lab
0 Biochemistry (no lab required)..... one course (no lab required)

**One academic year is equivalent to two semesters or three academic quarters. More information about science prerequisites can be found on the JABSOM Admissions page at https://admissions.jabsom.hawaii.edu/prospective-students/admissions-requirements/*

List required prerequisite courses for the 'Imi Ho'ōla Post-Baccalaureate Program that you will complete by June of the entering year that are not reflected in your transcripts.

Institution	Course Name/ Course Number	Credit Hrs.	Course Type	Expected Completion Date

I have completed or will complete all of the science prerequisites to the University of Hawai'i John A. Burns School of Medicine by June of the entering year. I understand that no exceptions of waivers will be granted to completing the science requirements to the John A. Burns School of Medicine.

Name of Applicant:	**Signature (reference REDCap file):**
AMCAS ID Number:	**Date:**
Email Address of Applicant:	

SAMPLE