

BOWDOIN COLLEGE HEALTH PROFESSIONS ADVISING APPLICANT INFORMATION FORM

*The information you provide will be extremely helpful as our committee meets to review candidates and as we construct a summary letter in support of your application. Please submit your responses **and a résumé** to the email or snail mail address below...or you may prefer to use the on-line form at [www.bowdoin.edu/healthprofessions - under Applicant Info and Forms](http://www.bowdoin.edu/healthprofessions-underApplicantInfoandForms).*

Date _____

Name _____ Class _____

Home Address _____
_____ Phone _____

Work Address (if employed) _____
_____ Phone _____

E-mail Address(es) _____

Type of health care program to which you will be applying _____

Expected matriculation: Fall of _____ Qualifying Exam Date _____

.....

Many thanks, in advance, for your thoughtful responses to the following questions! Please respond to each individually rather than in a single essay.

1. Why do you wish to pursue a career in health care?
2. What factors (people, experiences...) have influenced your choice of career?
3. Please describe the personal qualities that qualify you for this career.
4. Have you had any work experience not listed on your résumé of which we should be aware? In addition, don't hesitate to elaborate more fully on any experience of particular relevance.
5. Please describe any volunteer, co-curricular, or extra-curricular experiences not on your résumé, indicating the extent and duration of your involvement.
6. Please list all honors and awards received during your College career.
7. If you have already graduated, or are about to do so, please share your current pursuits or plans.
8. What do you feel will be the most compelling aspect of your application?
9. What do you think may potentially be of concern to an admissions committee? (Please be candid; we may be able to help offset these concerns in the summary letter.)
10. If you feel there is a possible shortcoming in your candidacy, what steps do you intend to take to address this (unless you are applying right away)?

Please email your responses as a Word attachment to slivesay@bowdoin.edu or snail mail them to Health Professions Advising, Bowdoin College, 4901 College Station, Brunswick, ME 04011-8440 (via campus mail, to Health Professions Advising.)

TENTATIVE APPLICATION PLANS

Name _____ Date _____
Class _____

Please list below the schools to which you think you may apply.

(Once you have made definite plans, be sure to send your final list to Sue Livesay in Health Professions Advising: slivesay@bowdoin.edu or 4901 College Station, Brunswick, ME 04011-8440)

Please identify the individuals whom you are considering asking to write letters of recommendation on your behalf.

*We suggest that you request 5-6 letters of recommendation, including 2-3 from faculty members in the sciences and at least 1 from a faculty member who has taught you outside of the sciences. Please notify the Health Professions Advisor of any changes in the following list. **Remember that it will be your responsibility to see that your references are submitted on time.***

Name

Affiliation
