

# Considering Medical School?

## Become a High School Rural Scholar

**Program Dates: June 15-19, 2026 Application Deadline April 17, 2026**



Scan the QR code below for program application and other requirements.



### **BENEFITS OF BEING A HIGH SCHOOL RURAL SCHOLAR**

- May help you decide if doctoring is the right career for you
- Better understand human body function and structure at the college level
- Mentoring by current medical students
- Hands on hospital experience
- Small stipend
- Support letter from medical school dean for college scholarships



### **REQUIREMENTS:**

- Be a high school senior during the 2025-2026 or 2026-2027 school year and attend school in one of these participating counties: Caldwell, Hopkins, McLean, Muhlenberg, or Webster.
- Minimum GPA of 3.5 and 2 recommendation forms from teachers who have taught you in class and 1 recommendation form from your guidance counselor.
- A copy of your high school transcript(s) that reflects your ACT or SAT score (if taken) and attendance records.
- Be serious about considering medical school.
- Be well-mannered, dress professionally, and be dedicated to the program requirements.
- Have reliable transportation and attend every day of the program in Madisonville.

**<https://baptisthealthdeaconess.com/ultc>**

Contact Kendall Denny at **[Kendall.denny@baptistdeaconess.com](mailto:Kendall.denny@baptistdeaconess.com)** with any questions.

***Sponsored by: University of Louisville School of Medicine Trover Campus & West KY Area Health Education Center***



**HIGH SCHOOL RURAL SCHOLAR PROGRAM 2026**

Program Dates: June 15 - 19, 2026

***Parent Permission Form***

I, \_\_\_\_\_, of \_\_\_\_\_, do hereby  
*(Parent/Legal Guardian)* *(Student)*

give my permission for the above named student to apply to and participate in the High School Rural Scholar Program if chosen. I further release U of L Trover Campus, it's program staff and sponsors from any responsibilities of injury or accidents as a result of the program.

I do realize that full participation every day of the program, Monday through Friday, is required and I will do my best to make sure the student arrives on time every day as scheduled.

Signed: \_\_\_\_\_  
*Parent/Legal Guardian*

\_\_\_\_\_  
*Student*

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

## 2026 HIGH SCHOOL RURAL SCHOLARS PROGRAM REFERENCE FORM

At the end of a students' junior year, high school students begin to ponder what comes after graduation. During the hunt for the perfect career, students initially interested in medicine, specifically in rural communities, are drawn away by the appeal of leaving home and going to a large school in a big city. While there, the student may become accustomed to big city life and lose any interest in practicing in a rural community. For those considering the medical field, the High School Rural Scholar program is a great way to peek into a wide variety of medical occupations right at home. This program combines shadowing experiences in the home county, group tours to healthcare facilities and a virtual classroom to expose them to some college-level Anatomy and Physiology.

You have been asked to provide a reference for the student listed below. Please complete this form and return it to the **guidance counselor** for final submission to us. **The student will not see this form after it is completed.**

Student Name: \_\_\_\_\_  
 How long have you known the student? \_\_\_\_\_ years  
 What course did you teach the student? \_\_\_\_\_

<i><b>Please rate the student in the following categories compared to their peers. (Check one)</b></i>	<i><b>Below average</b></i>	<i><b>Average</b></i>	<i><b>Above average</b></i>	<i><b>Excellent</b></i>	<i><b>No comment</b></i>
Attitude					
Work Ethic					
Teamwork					
Professionalism					
Maturity					
Respect for others					
Communication skills					
Interest in medicine					

**Based on your knowledge and interaction with this student, please check the appropriate response:**

I recommend this student.

I do not recommend this student.

I recommend this student with reservations (please comment)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name (Please print) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 School \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

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Name (Please print) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 School \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail address: \_\_\_\_\_