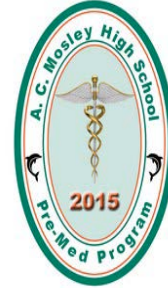




A. C. MOSLEY PRE-MED PROGRAM APPLICATION 2017 – 2018



The Mosley High School Pre-Med Program is an exciting opportunity for learning and development as you pursue your medical career. Throughout your tenure in the Pre-Med Program, you will have the privilege to attend in-school medical lectures, visit hospitals, and rotate through various medical clinics, and compete in HOSA (Future Health Professionals) for awards & scholarships.

Our program is unique and will add great value to students who have the desire to work in any area of the health care profession, including, but not limited to: Medicine, Nursing, Physical Therapy, Dentistry, Psychology, Veterinarian, and LPN. This program is designed to focus on teaching the sciences and skills that will prepare students for undergraduate medical programs and all other health care programs.

Mosley High School's Pre-Med Program is one-of-a-kind. Not only do we have a physician directing the program, but also our students will have the opportunity to visit and intern in various clinics and hospitals in the county and abroad. They will also be able to shadow and rotate with physicians and health care professionals in their interested subject area. Mosley High School has partnered with medical facilities along with health care programs in Florida to provide a hands-on experience.

Please keep in mind, that Pre-Med students must maintain strong academic integrity. One of the basic requirements is that you maintain a 3.0 or above grade point average throughout your tenure in the Pre-Med Program. Focused, incoming freshmen will automatically be accepted into the program and will be re-evaluated at the end of their freshman year to ensure the 3.0 GPA has been maintained. Students with a 3.0 GPA do not have to be in MAPPS, but it is highly recommended.

PLEASE PRINT: _____ DATE OF APPLICATION: _____

First Name: _____ Last Name: _____

Incoming School Grade (Please Circle One): Freshman Sophomore Junior Senior

(Sophmores, Juniors & Seniors) Were you in the Pre-Med Program Last School Year? Yes _____ No _____

Age: _____ Date of Birth: _____ Current G.P.A. _____

Student's Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Student's Cell Phone: (____) _____

Emergency Contact Name: _____ Emergency Phone: (____) _____

Which medical field are you interested in? _____

Parent's Name: _____ Parent's Mobile Phone: _____

Parent's Email Address: _____

Parent's Name: _____ Parent's Mobile Phone: _____

Parent's Email Address: _____