

## Spartan Forward Student Application

Please type or print in blue ink and attach additional pages if needed. Submit completed application by to:

McLaren Greater Lansing, MSU Community Care Program Attn: Physician Liaison, 401 West Greenlawn Ave., Lansing, MI 48910.

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Current Mailing/Street Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Cell/Home Phone: \_\_\_\_\_ Day/Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. School: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Field of Study: \_\_\_\_\_

4. What is your career goal? \_\_\_\_\_

Primary Care Physician Intended specialty (anesthesiology, family medicine, general surgery, internal medicine, OB/GYN, orthopedics, or psychiatry): \_\_\_\_\_

5. Are you a resident of Michigan?  Yes  No

If "yes," how many years? \_\_\_\_\_ What is your home county? \_\_\_\_\_

6. Where were you born and raised? Do you have any family ties to the greater Lansing area?

7. Describe any related community research, service projects, or volunteer work you have done in the greater Lansing area.

8. Do you have any personal or professional barriers that would prohibit you from practicing medicine in the greater Lansing area after residency?

9. Do you have any service obligations, including military obligations?  Yes  No

10. Please provide all three digit scores that you are received for licensing examinations to date:

USMLE Level I: \_\_\_\_\_ COMLEX Level I: \_\_\_\_\_

USMLE Level II: \_\_\_\_\_ COMLEX Level II: \_\_\_\_\_

11. Have you ever failed a medical school course or licensing examination?  Yes  No  
If yes, please explain circumstances:

12. Please assess yourself as compared to other medical students.

13. Please list any Medical School awards, honors, specialty interest groups, mission trips and leadership experience during medical school.

14. Please list any practice opportunities you have seriously explored, including location.

15. Are you currently employed?  Yes  No

If "yes," where? \_\_\_\_\_

16. What are the three most important qualities that you believe a successful physician should possess? Please describe your attributes in these areas.

**I hereby certify that the above statements are correct and true. I understand that, if I am awarded the McLaren Greater Lansing MSU Community Care Program, I will be obligated to complete the activities outlined in the student loan agreement.**

**Furthermore, I understand that any false statements on this application will be considered ground for breach of contract.**

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
(Date)