

RURALMED APPLICATION



STUDENT FINANCIAL AID OFFICE

SMHS Suite W101

1301 N Columbia Rd, Stop 9037

Grand Forks, ND 58202-9037

Office: 701.777.2849

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med.UND.edu/student-affairs-admissions

Student's Name: _____ Student ID: _____

Address: _____

City, State & Zip: _____

UND email: _____ @UND.edu

RuralMed is a state-sponsored program designed to increase the number of health care providers for rural North Dakota. **Priority consideration is given to first-year medical students pursuing family medicine, then first year medical students pursuing another eligible specialty, then any medical student pursuing family medicine.**

PLEASE READ AND COMPLETE THE FOLLOWING:

Rural is defined as all locations except Bismarck-Mandan, Fargo-West Fargo, Grand Forks, and Minot.

Tracking of your service commitment will be completed by the UND SMHS or its designee.

Please include a one- to two-page essay addressing why you want to participate in, and are a good choice for, RuralMed. Please identify any specialty you are interested in and how your specialty intention will benefit rural North Dakota.

By signing this RuralMed Program Application, I hereby give my written permission for the RuralMed selection committee to review my complete medical school application, my RuralMed Program application and any attachments in its entirety. Furthermore, I certify all information provided in this application is true and complete.

Student's Signature: _____ Date: _____

