



Rural Health Scholars
2011 Application
Dartmouth Medical School
 Department of Community & Family Medicine
 HB 7250, 653-6670

Name: _____

Permanent Address: _____

Local Mailing Address: _____

Phone: _____

Date of Birth: _____

Places reared:

Year(s)	City / Community	State	Urban	Suburban	Rural

Places lived as an adult:

Year(s)	City / Community	State	Urban	Suburban	Rural

What are your hobbies or special interests?

Family Information (*optional*)

Partner (if applicable):

Name: _____ Occupation: _____

Special Interests: _____

Places partner was reared:

Year(s)	City/Community	State	Urban	Suburban	Rural

Do you have children? ___ yes ___ no Number of children: _____ Ages: _____
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Please attach a current resume/c.v.

Please respond to the following questions on a separate sheet (using up to one page, no smaller than 12-point font, for both questions)

1. Why are you interested in rural health?
2. Please describe relevant leadership or community service experiences that you have had, and what you learned from them.

Submit application to:
Inger Imset
Department of Community & Family Medicine, HB 7250
or email: Inger.Imset@dartmouth.edu
or drop off to Susie Linsey
229 Remsen