

# SHarP SCHOLARS PROGRAM

## APPLICATION FOR GUARANTEED ADMISSION

University of Missouri  
School of Health Professions  
(573) 882-8011, [umcshpadvising@missouri.edu](mailto:umcshpadvising@missouri.edu)  
School of Health Professions' SHarP Scholars  
Guaranteed Admissions Program

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### General Information

The School of Health Professions (SHP) offers a guaranteed admission program for high school seniors and first semester MU freshmen to the following degree programs: Communication Science and Disorders (guaranteed admissions for Bachelor's program only), Occupational Therapy (Master of Occupational Therapy program), Physical Therapy (Doctor of Physical Therapy program upon completion of a baccalaureate degree), Radiography, Nuclear Medicine, Diagnostic Medical Ultrasound, Clinical Laboratory Sciences, and Respiratory Therapy. Students selected as SHarP scholars are guaranteed a position into a School of Health Professions' program upon satisfactory completion of the pre-professional phase of their program.

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### SHarP Scholarship

In addition to guaranteed admission to a SHP program, students who submit a completed SHarP Scholars' application by July 1 following the senior year in high school are guaranteed a \$500 scholarship upon acceptance as a SHarP scholar. Availability of the SHarP Scholarship after July 1 will vary from year to year, and will be distributed on a first-come basis.

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### Eligibility Requirements for the SHarP Scholar's Program:

- Currently enrolled as a high school senior or first semester MU student in the School of Health Professions.
- Minimum 30 composite ACT score (1330 SAT).
- Top 10% high school (HS) rank at the time of application. (This is subject to interpretation regarding school and curriculum.)
- Performance in college courses completed prior to HS graduation will be considered by the admissions committee.
- Completed application postmarked on or before December 1 of the senior year of high school to December 1 of the first semester freshman year at MU.
- Four (4) hours of clinical observation in the discipline of choice (documented on the SHarP application). All applications must include recommendations from a high school teacher and from a high school counselor or principal.

*\*\* Students who are accepted as SHarP Scholars to the Physical Therapy doctorate must complete an additional 36 hours of observation prior to the January 24 of their senior year at MU.*

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**Acceptance as a SHarP Scholar:**

- Acceptance to the University of Missouri.
  - Acceptance by the designated degree program as a SHarP Scholar; some departments may require an interview.
  - Maintenance of a 3.3 term grade point average (on a 4.0 scale) during the senior year of high school.
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**Maintaining Participant Status Requires:**

- Continuous enrollment (excluding summers) at MU within the School of Health Professions.
- Maintain an MU cumulative GPA of 3.3.
- Enrollment in a SHarP faculty advisor approved, full-time schedule for Fall and Spring semesters.
- Minimum of B- grades on all required courses. Students are allowed one semester to rectify a deficient course grade or GPA; remediation must be accomplished at MU, efficiently advance the student toward completion of prerequisites, and be approved by the SHarP faculty advisor.
- Comply with the academic and behavioral standards established by the department for pre-professional and professional students (i.e.: prerequisite courses, additional clinical observation, meetings with a mentor).

Additional information can be obtained by contacting the SHarP Scholars Program, Office of Student Affairs, 573 882-8011 or [umcshpadvising@missouri.edu](mailto:umcshpadvising@missouri.edu).

## APPLICATION INSTRUCTIONS:

1. Attain a minimum composite score of 30 on the American College Test (ACT) or 1330 on the Scholastic Aptitude Test (SAT) and be in the top *10% high school rank* at the time of application (subject to interpretation regarding school and curriculum)
2. Acceptance into the University of Missouri as a pre-Health Professions major.  
(Admissions web page: (<http://www.missouri.edu/admissions.htm>))
3. Complete the enclosed application materials.
4. Fill out the top portion of the Guidance Counselor's/Principal's recommendation and give it to your Counselor or Principal for completion. Your representative **must** attach an official copy of your completed high school work. Have your high school forward final semester grades to the above address as they become available.
5. Fill out the top portion of the Teacher's recommendation. Ask a teacher who knows you well to complete the form.
6. Give your counselor/principal and your teacher stamped return envelopes addressed to: **SHarP Scholars Program, Office of Student Affairs, 504 Lewis Hall, University of Missouri, Columbia, MO 65211.**
7. Applications will be accepted between December 1<sup>st</sup> of your senior year of high school and December 1<sup>st</sup> of your freshman year at MU.
8. Completed application files will be reviewed by a departmental screening committee. Some departments may require an interview. Applicants will be notified of decisions in a timely manner directly by the program.

***SHarP Scholar's Application***  
***Instructions: Please print or type***

Candidate's Name \_\_\_\_\_  
(Last First Middle)

Permanent Address \_\_\_\_\_  
(Street & Number City State Zip)

Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Birth Date \_\_\_\_\_

Program within the School of Health Professions to which you wish to apply (check one only):

\_\_\_\_ Occupational Therapy \_\_\_\_ Physical Therapy \_\_\_\_ Diagnostic Medical Ultrasound  
\_\_\_\_ Respiratory Therapy \_\_\_\_ Nuclear Medicine \_\_\_\_ Radiography  
\_\_\_\_ Communication Science and Disorders (BHS only)

**List in order all high schools attended:**

Dates of Attendance, Anticipated Graduation and Location (City, State)

Current \_\_\_\_\_

Previous \_\_\_\_\_

List high school courses taken that were Honors Courses

\_\_\_\_\_  
\_\_\_\_\_

Have you taken college courses while in high school? \_\_\_\_ yes \_\_\_\_ no If yes, indicate the institution, courses, and grades received:

\_\_\_\_\_

School Activities:

\_\_\_\_\_  
\_\_\_\_\_

Other Activities (Community, Church, Employment, Medically-Related, Etc.):

\_\_\_\_\_  
\_\_\_\_\_

Honors Received

\_\_\_\_\_  
\_\_\_\_\_

Guidance Counselor \_\_\_\_\_ Telephone No. \_\_\_\_\_

UNIVERSITY OF MISSOURI  
SCHOOL OF HEALTH PROFESSIONS  
SHarP SCHOLARS PROGRAM  
573 882-8011

**GUIDANCE COUNSELOR'S OR PRINCIPAL'S RECOMMENDATION**

Candidate's Name \_\_\_\_\_  
Last First Middle

**To be completed by the candidate (please sign A or B):**

A. I hereby waive my right to see the contents of this recommendation.

\_\_\_\_\_  
Signature Date

B. I decline to waive my right to see the contents of this recommendation.

\_\_\_\_\_  
Signature Date

*\*The Family Educational Rights and Privacy Act (the Buckley Amendment) provides that, should the applicant wish, he/she will be entitled to inspect all records kept by the School of Health Professions, including the evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on the form.*

**To Be Completed by the Principal/Counselor**

Please complete both pages of this form and attach a copy of the candidate's official transcript and report of the student's performance on the American College Test (ACT) or Scholastic Aptitude Test (SAT). The Guidance Counselor's report will be available only to those involved in our admission process. Supplementary transcripts of the applicant's performance during the senior year should be sent as they become available.

Counselor's/Principal's Name \_\_\_\_\_

Title \_\_\_\_\_  
(Please print)

High School Name \_\_\_\_\_

School Address \_\_\_\_\_

street address city state zip

Telephone Number \_\_\_\_\_ School's CEEB Code Number \_\_\_\_\_

Length of time acquainted with candidate \_\_\_\_\_

Grade point average to date is \_\_\_\_\_ based on a scale with A = \_\_\_\_\_

The candidate's rank is \_\_\_\_\_ \* in a class of \_\_\_\_\_ students.

Give an approximate percentage of the candidate's graduating class that plans to attend a four-year college? \_\_\_\_\_

*\*If no rank is available, please enclose information which allows the faculty to assess the candidate's academic strength in relation to fellow students.*

### **GUIDANCE COUNSELOR'S/PRINCIPAL'S REPORT**

Candidate's Name \_\_\_\_\_

\_\_\_\_\_  
Please write an appraisal of the candidate's academic and personal qualities and potential as a candidate for the SHarP Scholars Program. We are particularly interested in the student's character, maturity, independence, and values. A brief narrative will give us added insight into the strengths and weaknesses of the candidate. If you attach a letter of recommendation or a supplemental form, you still **must** provide a rating and your signature below.

In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to preparation for a professional career? (Circle the appropriate number).

1 2 3 4 5 6

(1=Marginal; 3=Average; 6=Outstanding)

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

Mail this form and all requested supporting materials to: **University of Missouri, SHarP Scholars Program, Office of Student Affairs, 504 Lewis Hall, Columbia, MO 65211-4290.**

**UNIVERSITY OF MISSOURI  
SCHOOL OF HEALTH PROFESSIONS  
SHarP SCHOLARS PROGRAM  
TEACHER'S RECOMMENDATION**

Candidate's Name \_\_\_\_\_  
Last First Middle

**To be completed by the candidate (please sign A or B):**

A. I hereby waive my right to see the contents of this recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

B. I decline to waive my right to see the contents of this recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*The Family Educational Rights and Privacy Act (the Buckley Amendment) provides that, should the applicant wish, he/she will be entitled to inspect all records kept by the School of Health Professions, including the evaluation forms. However, the applicant may waive the right to inspect the evaluation form by signing in the appropriate place on the form.*

Teacher's Name \_\_\_\_\_

Title \_\_\_\_\_

(Please Print)

High School Name \_\_\_\_\_

City, State \_\_\_\_\_

With what peer group are you comparing this applicant?

\_\_\_\_\_  
Under what circumstances have you know this applicant?

\_\_\_\_\_  
Please feel free to add relevant comments and specific examples following each item in the space provided.

Using **1(low)** to **6 (high)** and an **X** for unable to evaluate, rank the person in the areas below.

\_\_\_\_ 1. Is able to get at the heart of a problem; able to separate important points from details; has an orderly, logical mind; is mentally efficient.

\_\_\_\_ 2. Is forthright, frank and open.

- \_\_\_3. Is flexible; is open to new knowledge and changing conditions.
- \_\_\_4. Is able to transfer acquired information into working knowledge.
- \_\_\_5. Is decisive.
- \_\_\_6. Inspires confidence in others.
- \_\_\_7. Is emotionally stable; projects a stable, calming influence in tense situations.
- \_\_\_8. Has sustained, genuine concern for others; is an understanding sort of person.
- \_\_\_9. Has foresight, the ability to anticipate problems.
- \_\_\_10. Is capable of independent thinking; is able to reach independent conclusions (even unconventional ones).
- \_\_\_11. Is imaginative, creative; has originality.
- \_\_\_12. Is able to communicate well in everyday activities.
- \_\_\_13. Is a person of integrity; is highly principled; is honest.
- \_\_\_14. Is able to learn from others; is charitable toward mistakes and failures of others; is adaptable to all sorts of people.
- \_\_\_15. Is motivated toward a career in health primarily by idealism, compassion, and the desire to serve others.
- \_\_\_16. Is aware of his/her own limitations and tolerant of the opinions and lifestyles of others.
- \_\_\_17. Has a warm, outgoing, friendly personality; is cheerful, optimistic; has a sense of humor.

In view of this applicant's strengths and weaknesses, how well do you believe he or she is suited to the study and preparation for a professional career? (*Circle the appropriate number*)

1 2 3 4 5 6

(1=Marginal; 3=Average; 6=Outstanding)

If you wish, please feel free to attach other remarks, behaviors of the applicant, and summary comments.

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Please mail this recommendation to:

University of Missouri  
SHarP Scholars Program  
Office of Student Affairs  
504 Lewis Hall  
Columbia, MO 65211-4290

*In the space provided below, please make comments that will help the SHarP Scholars Program Committee learn about you as an individual and about the development of your interest as a health care professional.*

**Documentation of Clinical Observation**  
(minimum of (4) hours required)

\_\_\_\_\_ has observed  
(applicant name)

in \_\_\_\_\_ (discipline/profession)

for \_\_\_\_\_ (hours).

Facility and Location \_\_\_\_\_

Clinician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_