MACON & JOAN BROCK VIRGINIA HEALTH SCIENCES
Eastern Virginia Medical School
AT OLD DOMINION UNIVERSITY

Essay Form

FULL NAME (Last, First, Middle Initial):

_____

Date of birth (mm/dd/yyyy):_____

Email Address:_____

Essay Length: 350 words

The completion of this essay is required for the application to be complete and considered for admission. It is important to note that this essay is not being critiqued on writing style and will not be scored for admission purposes. Please introduce yourself and answer the question below:

How would participation in this program support your interest and goal of becoming a future member of a healthcare team?

If you are unsure, please tell us why you are interested in participating in the program.

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HSA forms may be submitted via email to: **hsa@evms.edu**