

West Virginia University Institute for Community & Rural Health  
Medical Student Service Program: 2024-25  
Application Packet

**Submission Guidelines:**

Your application, two recommendation forms, and the Certification of Education Status must be postmarked or emailed by **February 7, 2025**. Awards will be made in March, 2025.

**Please mail or email the entire completed application by the deadline to:**

April L. Vestal, MPH  
Director  
WVU Institute for Community and Rural Health  
PO Box 9009  
Morgantown WV 26506-9009  
Email: [avestal@hsc.wvu.edu](mailto:avestal@hsc.wvu.edu)

Medical Service Program funds are awarded through a competitive process, so please provide complete information. You may attach additional pages if needed. **Please type or your responses in the fillable form below.** You can obtain an application form by visiting <https://www.hsc.wvu.edu/icrh/students/medical-student-service-program> by clicking on Medical Service Program.

The following materials are part of the application:

- \* Medical Service Program Student Application
- \* Recommendation form (Need 2 recommendations)
- \* Certification of Education Status Form
- \* Eligible Sites for Service Obligation

**Eligibility:**

West Virginia University School of Medicine students, who intend to practice in West Virginia in primary care. Selected students will receive **\$25,000** in exchange for their commitment to practice 12 months of full-time practice in an area of need in WV. Students may re-apply for additional years of funding through their 4<sup>th</sup> year of medical school. Each year of funding will require an additional one year service commitment.

**Obligation to Practice in West Virginia:**

Students who are awarded service program funding must sign a contract and practice full-time (40 hours per week) for a minimum of one year at an eligible site. (See the 2024-25 Eligible Sites for the WVU Institute for Community and Rural Health Service Program on page 6 of the application).

Students are responsible for locating a practice site and must agree to provide medical services to West Virginia Medicaid and CHIP recipients in a needy area of the state. The penalty for not fulfilling the service obligation is repayment of the scholarship with interest.

**Eligibility for Other Financial Incentives:**

Students who are awarded the WVU ICRH Service Program Funding also may qualify for other financial incentives for rural practice in West Virginia. In some cases, the service obligations can be met concurrently.

If you have any questions, you may discuss the program with Dr. Larry Rhodes at [larhodes@hsc.wvu.edu](mailto:larhodes@hsc.wvu.edu) or April Vestal at [avestal@hsc.wvu.edu](mailto:avestal@hsc.wvu.edu).

West Virginia University Institute for Community and Rural Health  
Medical Student Service Program  
Student Application 2024-2025

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

2. Date of Birth: \_\_\_\_\_

3. Current Mailing  
Street Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State/Zip) (County)

Evening/Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

4. Permanent Mailing  
Street Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State/Zip) (County)

5. Current year in school: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

6. Have you been a recipient of this service program funding before? Yes No

7. Career Goal

8. Are you a resident of West Virginia? Yes No  
If yes, how many years? \_\_\_\_\_ What is your home county? \_\_\_\_\_

9. Name of High School you attended? \_\_\_\_\_ State:  
County \_\_\_\_\_

10. Did you grow up in a rural area not in West Virginia? Yes No

11. Have you ever worked in rural WV? If yes, briefly describe. Yes No

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

**Please provide complete information in your responses. Attach additional pages if necessary.**

12. Background:  
(Where were you born and raised? What family ties, if any, do you have in rural West Virginia? Have you ever lived or worked in rural West Virginia or another rural area?)
  
  
  
  
  
  
  
  
  
  
13. What personal and professional attributes make you a good match for rural practice?
  
  
  
  
  
  
  
  
  
  
14. What do you believe to be the positives and negatives of practicing and living in West Virginia?
  
  
  
  
  
  
  
  
  
  
15. If you received this funding, what impact would the service obligation have on your personal life?
  
  
  
  
  
  
  
  
  
  
16. Describe any related community research, service projects, or volunteer work you have done in rural West Virginia.

17. Have you explored practice opportunities in West Virginia? Yes No

18. Do you have a geographic preference? Yes No

Comments:

19. Do you have any professional or personal barriers to relocating to any part of the state?

20. Do you have any other service obligations, including military obligations? Yes No  
If "Yes", please describe.

21. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act which requires that males between the ages of 18 and 25 register with the Selective Service. Are you in compliance?

Yes No Does not apply

Comments:

22. a. List up to three practice opportunities that you have explored, including the site location.

b. Did you grow up in or near any of the above communities?                      Yes                      No

**Additional Application Materials Required for All Applicants:**

In addition to submitting a completed copy of this application, all applicants must also submit the following forms to the WVU Institute for Community and Rural Health. All materials must be postmarked by February 7, 2025.

At least two letters of recommendation (use the enclosed Recommendation form) from (1) an official in the Dean's Office who can address your academic work, clinical skills and professionalism, and (2) An individual (not a relative) who is knowledgeable about your clinical experiences as a health professions student. *Letters of recommendation may be mailed separately, but must be submitted by the deadline.*

A completed version of the enclosed Certification of Educational Status Form executed by yourself and the appropriate school official.

Please notify Dr. Norman Ferrari in the School of Medicine that you are applying for the ICRH Medical Student Service Program.

**I hereby certify that all the above statements are true and correct. I understand that, if I am awarded a Medical Service Funding, I am obligated to practice a minimum of one to four years (depending on the amount of the award) in a rural, underserved area of West Virginia or other eligible sites upon graduation.**

**I understand it is my responsibility to locate a practice site and be prepared to meet with the service program committee to explain why I selected the site.**

**I also understand that false statements on this application may be grounds for breach of contract.**

\_\_\_\_\_  
(Signature of Applicant)

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

# Eligible Sites for the WVU Institute for Community and Rural Health Service Program Obligations 2024-25

## Dental

- An out-patient primary care or dental site located within a geographically eligible area of the *Service Areas List*
- An out-patient primary care or dental site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Centers and School-Based Health Centers.
- A Free Clinic located anywhere in the state.
- A residential care facility for older adults such as a nursing home located within a geographically eligible area of the *Service Areas List*.

## Primary Care Physician

- An out-patient primary care site located within a geographically eligible area of the *Service Areas List*.
- An out-patient primary care site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Centers and School-Based Health Centers.
- A Free Clinic located anywhere in the state.
- A residential care facility for older adults such as a nursing home located within a geographically eligible area of the *Service Areas List*.

## Emergency Medicine Physician

- A hospital based emergency room located anywhere in West Virginia.

## **SERVICE AREAS LIST: 2024-25 Counties**

Barbour	Mingo
Boone	Monroe
Braxton	Morgan
Calhoun	Nicholas
Clay	Pendleton
Doddridge	Pleasants
Fayette	Pocahontas
Gilmer	Preston
Grant	Raleigh (all areas except Beckley)
Greenbrier	Randolph
Hampshire	Ritchie
Hancock (Chester, New Manchester, Newell)	Roane
Hardy	Summers
Harrison (all areas except Clarksburg)	Taylor
Jackson	Tucker
Lewis	Tyler
Lincoln	Upshur
Logan	Wayne
Mason	Webster
McDowell	Wetzel
Mercer	Wirt
Mineral	Wyoming