



UNIVERSITY
of HAWAII®
MĀNOA

University of Hawai'i at Mānoa
John A. Burns School of Medicine



John A. Burns School of Medicine (JABSOM)
Doctor of Medicine Early Acceptance Program (DMEAP) for Entering Hawai'i Resident Freshman
PERSONAL STATEMENT FORM

Name of Applicant: _____ Date of Birth (mm/dd/yyyy): _____

Describe why you want to pursue a career in medicine (Please type)



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PERSONAL STATEMENT FORM (Page 2)**

Name of Applicant: _____ Date of Birth (mm/dd/yyyy): _____

Describe why you want to attend the University of Hawai'i John A. Burns School of Medicine (Please type)



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PERSONAL STATEMENT FORM (Page 3)**

Name of Applicant: _____ Date of Birth (mm/dd/yyyy): _____

What is your most significant experience in the areas of community service, volunteer and/or leadership and why did you choose this experience? (Please type)

Signature: _____ Date: _____

Completed applications must be RECEIVED by the JABSOM Office of Admissions
no later than **Thursday, December 1, 2016 at 4:30 pm.**

Please email applications to: **medadmin@hawaii.edu**