Bridget Szymanski - Application packet (AMCAS 2026 and UMass Chan Medical School secondary)

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Applying to: UMass Chan Medical School MD program, 2026-27

Fictional applicant written for this sample. The person, her employers and her organisations are invented.

Academics

- **University of Massachusetts Amherst**: BS Biology, minor in Spanish, May 2022. GPA 3.58 (science 3.46). First in my family to finish a four-year degree.
- **Weaker grades:** B- in Organic Chemistry II (spring 2020) and B in Physics II (fall 2020). A in Biochemistry (fall 2021) and A- in Cell Biology (spring 2022).
- **MCAT:** August 2024, 504 (CPBS 126, CARS 126, BBFL 127, PSBB 125). March 2026, 511 (CPBS 127, CARS 127, BBFL 129, PSBB 128).
- **Languages:** English (native). Spanish (proficient; I am not a certified interpreter).
- **Reapplicant:** In the 2025-26 cycle I applied to 14 schools, including UMass Chan. I had one interview, elsewhere, and no acceptances.

AMCAS personal statement

The first patient I ever charted for was a roofer from Gardner who had driven himself to urgent care with a nail through his palm. I was a scribe, three weeks into the job, typing as fast as I could. The physician assistant asked about his tetanus shot, his pain and his allergies. Then she asked who would cover his jobs that week. He laughed and said nobody, and that he had already called his brother-in-law. She wrote him a note for light duty anyway and told him, plainly, what an infected hand would cost him. I typed all of it. It was the first time I saw that the medical question and the work question were the same question.

I grew up in Fitchburg, and I worked six years as a server at the Rollstone Diner. Our regulars were retired mill workers, nurses coming off night shift, and men who ate the same eggs every morning and had not seen a doctor in a decade. I knew their blood pressure medicines before I knew anything about pharmacology, because they told me which ones they had stopped taking and why. Usually it was the copay. Sometimes it was the drive to Worcester.

My path here has not been smooth. In spring 2020 I moved home when campus closed. I picked up diner shifts because my father's hours at the plant had been cut, and I studied organic chemistry at the kitchen table with my younger brother's remote school going on beside me. I finished with a B-. My first MCAT was a 504. I took it while working 40 hours a week and told myself I could make up for the lack of a plan with effort. I couldn't. My first application cycle ended without an acceptance, and that

was the most useful failure I've had. I asked two admissions officers for feedback, built a schedule I could keep, studied four mornings a week before ED shifts, and scored 511.

For the past two years I have been a patient care technician in the emergency department at Nashoba Ridge Regional Hospital. I take vitals, run EKGs, draw blood, and sit with patients who are waiting for a bed that does not exist yet. Many of my patients are the same people who sat in my diner booths. I see the uncontrolled diabetes that started with a missed refill, and the COPD in a man who will not stop smoking because it is the one break he gets. The ED treats the crisis well. What I want is to be the doctor who sees that patient two years earlier.

That is why I want to be a family physician in North Central Massachusetts. Shadowing Dr. Anne Pelletier, a family doctor in Leominster, I watched her deliver a hard diagnosis to a woman she had cared for since that woman's pregnancy. The conversation took eleven minutes, and it rested on twenty years of trust. I want that kind of practice, in a region where too many people are waiting too long for a primary care appointment.

Experiences (AMCAS, abbreviated)

1. **Patient care technician, Emergency Department**, Nashoba Ridge Regional Hospital, Leominster, MA (Jan 2024 - present, ~3,100 hours). *Most meaningful.* Vitals, EKGs, phlebotomy, splinting, safety sitting for psychiatric holds. One night in triage a man waiting with "indigestion" went gray and sweaty. I did not wait for his turn. I took him straight back, ran the EKG and handed it to the attending; it showed a STEMI and he was in the cath lab within the hour. Afterward the charge nurse reminded me I should have called out for a nurse at the same time, not after. I do both now.
2. **Medical scribe**, Montachusett Walk-In Care, Fitchburg and Gardner, MA (Jul 2022 - Dec 2023, ~2,200 hours). Real-time documentation for physicians and PAs, about 35 patients per shift.
3. **Research assistant (part-time volunteer), Twin Cities Blood Pressure Project**, North Central Mass Community Health Partners, Fitchburg (Sep 2024 - present, ~380 hours). *Most meaningful.* The project lends home blood pressure cuffs to patients with uncontrolled hypertension. I enroll patients, call them in English or Spanish to collect readings, and enter data in REDCap. I found that 30% of our phone numbers were out of date by month three and proposed a text-message check-in, which the team adopted. Second author on a poster at a regional primary care research day, 2025.
4. **Study abroad and volunteer**, University of Granada, Spain (Aug - Dec 2021). Spanish and public health coursework; 60 hours at Casa Albaicín, a drop-in center for migrants, mostly from Morocco and Senegal, sorting donations and helping people book clinic appointments. I learned how disorienting it is to be the one who doesn't understand the system.
5. **Physician shadowing** (2023 - 2025, 64 hours): family medicine (40), emergency medicine (16), obstetrics (8).
6. **Server**, Rollstone Diner, Fitchburg (2016 - 2022, ~20 hours/week during the school year, full time summers). *Most meaningful.* Opening shifts at 5:30 a.m., training new servers. I still work some Sundays.

7. **Learn-to-skate coach**, Nashua River Skating Club, Fitchburg (2019 - present, ~240 hours). Saturday lessons for kids ages 4-9.
8. **Hobbies:** running (two half marathons, slow), thrifting, and a standing Wednesday dinner with my sister.

UMass Chan secondary (2026-27)

Reapplicants: how has your application changed since your last submission?

Last year I applied with a 504, a list of jobs and no clear account of what I wanted. Since then I raised my MCAT to 511, moved from scribing to hands-on care as a PCT, joined a hypertension research project, and learned to explain why I want primary care in this region rather than only that I care about people.

Why UMass Chan Medical School?

UMass Chan is the public medical school for the state where I was born, went to school, and have worked every job I've held. Its commitment to primary care and to underserved communities in Massachusetts matches what I want to do with my career. I am drawn to the PURCH track and to longitudinal clinical experiences that would keep me close to communities like Fitchburg and Gardner. I would like to stay in Central Massachusetts for residency and practice. My family, my patients and the problems I want to work on are all here.

Is there anything else you would like the Admissions Committee to know?

My biggest weakness has been treating overwork as a plan. It cost me my first MCAT. I now keep a written weekly schedule, protect my two runs and my Wednesday dinners, and ask for help sooner. Friends would say I am the one who drives people to the airport at 4 a.m. and the one who will tell them, kindly, when they're wrong. People who are condescending to waitstaff or techs still get under my skin, and I am working on not letting it show.