

HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

Complete application packets must be received in the Office of Diversity and Inclusion on **April 14, 2017** and contain the documents listed below. Incomplete or late applications will not be reviewed.

APPLICATION CHECK LIST

Completed Application Form

Personal Statement (minimum of 400 words)

*Official Transcript

*Dean of Students / Principal Recommendation Form

*Three (3) letters of recommendation from teachers / counselor

Passport Photo

Proof of Health Insurance (Required)

Color Copy of Social Security Card (SSN)

* *Dean of Students/Principal Recommendation Form, Letters of Recommendation and Official Transcript(s)* may be emailed to: diversityoffice@med.miami.edu

HSCMW program is NOT considered an Internship

The High School Careers in Medicine Workshop is part of the Miami Model Summer Programs sponsored by the Office of Diversity and Inclusion in collaboration with the Office of Academic Enhancement at the University of Miami.



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE



HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

Please type responses, print, sign and submit. **APPLICATION DEADLINE IS April 14, 2017.**

I. Contact Information

LAST NAME		FIRST NAME		MIDDLE NAME
PERMANENT ADDRESS				APT
CITY		STATE	ZIP	
CELL PHONE NUMBER		PERSONAL E-MAIL ADDRESS		
LOCAL ADDRESS				APT
CITY		STATE	ZIP	
PERSONS WHO WILL KNOW YOUR LOCATION IN TWO YEARS (I.E. RELATIVES, CLOSE FRIENDS, ETC.)				
NAME		NAME		
ADDRESS		ADDRESS		
CITY, STATE ZIP		CITY, STATE ZIP		
HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE	

II. Demographic Information

DATE OF BIRTH / /	PERMANENT RESIDENT YES NO		SOCIAL SECURITY NUMBER	
ETHNICITY	U.S. CITIZEN	GENDER	1 ST GENERATION COLLEGE STUDENT	RAISED IN A SINGLE-PARENT HOME
AFRICAN AMERICAN/BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER HISPANIC/LATINO MULTI-ETHNIC	YES NO	MALE FEMALE	YES NO <i>*an individual neither of whose natural or adoptive parents received a baccalaureate degree</i>	YES NO
HOW DID YOU FIND OUT ABOUT THIS PROGRAM? (CHECK ALL THAT APPLY)				
POSTER/FLYER		STUDENT/FRIEND	OFFICE OF ACADEMIC ENHANCEMENT	
RECRUITER/COUNSELOR		WEBSITE	OFFICE OF DIVERSITY & INCLUSION	
INFORMATION SESSION		MAGAZINE/NEWSPAPER		



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

Office of Diversity and Inclusion
Rosenstiel Medical Science Building
1600 NW 10 Avenue, Suite 1130, Locator R11
Miami, Florida 33136
Tel. 305-243-7156 / Fax 305-243-7312
www.diversity.med.miami.edu



Return application to **UM - Office of Diversity and Inclusion – RMSB, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136**

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III. Family Information

COMBINED FAMILY INCOME						TOTAL NUMBER OF FAMILY MEMBERS
UNDER \$15K	\$15,001-25K	\$25,001-35K	\$35,001-50K	\$50,001-70K	\$70,001+	

PRIMARY CARETAKER (CHECK ONE)		FATHER	MOTHER	LEGAL GUARDIAN	OTHER _____
LAST NAME				FIRST NAME	
CURRENT HOME ADDRESS					APT NUMBER
CITY, STATE				ZIP	
HOME PHONE			CELL PHONE		
OCCUPATION			SALARY		
HIGHEST EDUCATION LEVEL COMPLETED					
GRADE SCHOOL	HIGH SCHOOL	TWO YEAR COLLEGE		VOCATIONAL OR TECHNICAL SCHOOL	
BACHELOR DEGREE	MASTER'S DEGREE	DOCTORAL DEGREE			

SECONDARY CARETAKER (CHECK ONE)		FATHER	MOTHER	LEGAL GUARDIAN	OTHER _____
LAST NAME				FIRST NAME	
CURRENT HOME ADDRESS					APT NUMBER
CITY, STATE				ZIP	
HOME PHONE			CELL PHONE		
OCCUPATION			SALARY		
HIGHEST EDUCATION LEVEL COMPLETED					
GRADE SCHOOL	HIGH SCHOOL	TWO YEAR COLLEGE		VOCATIONAL OR TECHNICAL SCHOOL	
BACHELOR DEGREE	MASTER'S DEGREE	DOCTORAL DEGREE			

Are there any family circumstances or concerns that the selection committee would find useful when evaluating your application? If so, please explain.

**Please be completely honest when providing this information; its primary purpose is for grant writing. All information will be held in strict confidence and used solely for admissions and statistics.*

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IV. Academic Information

High school(s) attended. List most recent first.

	Name of High School	State	Major	Dates
1				-
2				-
3				-

Expected Date of Graduation: (Mo/Yr.): _____ / _____ Current class standing: _____

Academic grading period: Semester Trimester Quarterly

Grade Point Average: Science _____ Non-Science _____ Cumulative _____

(If you are unsure, consult your Guidance/Registrar Office for correct GPA calculation.)

Please provide data from your most recent test scores below:

SAT YES Year: _____ Critical Reading: _____ Mathematics: _____ Writing: _____
 No

ACT YES Year: _____ Composite Score: _____ Mathematics: _____ English: _____
 No Reasoning Writing: _____ Reading: _____ Science: _____

FCAT YES Year: _____ Reading: _____ Mathematics: _____
 No Writing: _____ Science: _____

Have you participated in any academic summer program(s)? Yes No

	Program Name	School/Institution	City, State	Dates
1				-
2				-
3				-

Have you applied to any other academic summer program(s)? Yes No

	Program Name	School/Institution	City, State	Dates
1				-
2				-
3				-

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Please describe any pertinent medical field experience you have.

List the principal extracurricular and community activities you are involved in.

Activity/Program Name	City, State	Dates	# of hrs
1			
2			
3			

Please provide the contact information for the three teachers writing your recommendation letters.

Name:	Position:
Email Address:	Phone:
Name:	Position:
Email Address:	Phone:
Name:	Position:
Email Address:	Phone:

Please attach a personal statement explaining why you wish to participate in this program and highlight your personal and professional goals, and any personal attributes that would be deemed desirable for medical school applicants. (Minimum of 400 words)

Your completed application packet must contain:

- | | |
|--|--|
| Completed Application Form | Dean of Students / Principal Recommendation Form |
| *Official Transcript(s) | Personal Statement (minimum of 400 words) |
| *Three (3) letters of recommendation from teachers/counselor | Passport Size Photo (2x2) |
| Proof of Health Insurance (Required) | Color Copy of Social Security Card (SSN) |

*Dean of Students/Principal Recommendation Form, Official Transcript(s) and Letter of Recommendation may be emailed to: diversityoffice@med.miami.edu

My signature below indicates: (1) that all the information contained in my application is complete, factually correct, and honestly presented; (2) that if I am accepted to this program, I agree to abide by the University of Miami Honor Code, a document which prohibits dishonesty in all academic work; (3) that I am submitting a complete application packet and that all documents listed above are included.

I understand that incomplete and late applications will not be reviewed.

Signature	Printed Name	Date
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****This program in NOT be used as an Internship****

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V. Guidance Counselor Recommendation

Applicant: This form is confirmation of your good academic and disciplinary standing. Please complete Section I and ask your CAP Advisor or similar official at your current school to complete Section II. **This form may be returned with your application in a sealed envelope with the advisor's signature over the closure. Or, the advisor may send it email to diversityoffice@med.miami.edu or send it directly to the address below. APPLICATION DEADLINE IS APRIL 14, 2017**

Office of Diversity and Inclusion – RMSB
1600 NW 10 Avenue, Suite 1130, Locator R11
Miami, Florida 33136

Section I: Should be completed by applicant.

LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	PHONE NUMBER	STUDENT NUMBER

STUDENT'S SIGNATURE _____

DATE _____

Section II: Should be completed by Dean of Students, Principal or similar official.

Has this student been involved in any disciplinary action at your school or does he/she have any conduct cases pending? Yes No

Are there any factors – academic, social, personal, etc. – that would interfere with this student's ability to make normal progress toward his/her degree? Yes No

If you answered yes to either question, please explain:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Email Address: _____ Phone: _____

College/University: _____

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