

# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

Complete application packets must be received in the Office of Diversity and Inclusion on **March 17, 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 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 Recommendation Form, Letters of Recommendation and Official Transcript(s) may be emailed to: [diversityoffice@med.miami.edu](mailto:diversityoffice@med.miami.edu)*

The Minority Students in Health Careers Motivation Program 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



# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

Please type responses, print, sign and submit. **APPLICATION DEADLINE IS MARCH 17, 2017**

## I. Contact Information

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

## II. Demographic Information

DATE OF BIRTH / / 19__	PERMANENT RESIDENT YES                      NO		SOCIAL SECURITY NUMBER	
ETHNICITY	U.S. CITIZEN	GENDER	1 <sup>ST</sup> GENERATION COLLEGE STUDENT	RAISED IN A SINGLE-PARENT HOME
AFRICAN AMERICAN/BLACK	YES	MALE	YES      NO	YES
AMERICAN INDIAN/ALASKAN NATIVE		FEMALE	<i>*an individual neither of whose natural or adoptive parents received a baccalaureate degree</i>	NO
ASIAN/PACIFIC ISLANDER	NO			
HISPANIC/LATINO				NO
MULTI-ETHNIC				
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 AND 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](http://www.diversity.med.miami.edu)



Return applications 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+	

<b>PRIMARY CARETAKER</b> (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			

<b>SECONDARY CARETAKER</b> (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 would be useful for us to know when evaluating your application? If so, please explain:

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Have you ever been convicted of a crime (Including misdemeanor, felony or criminal negligence)?

Yes  No If Yes, please explain \_\_\_\_\_

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*\*Please be as honest as possible when providing this information; its primary purpose is for grant writing. All information will be kept confidential and used solely for admissions and reporting of statistical data.*

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## IV. Academic Information

Colleges/Universities attended

Name of College/University	State	Major	Dates
1			-
2			-
3			-

Academic grading period: Semester Trimester Quarterly

Class standing (by Credit) at time of application: Sophomore Junior Senior Graduate

Grade Point Average: (If you are unsure, consult your Registrar's Office for correct GPA calculation.)

Undergraduate: Science \_\_\_\_\_ Non-Science \_\_\_\_\_ Cumulative \_\_\_\_\_

Graduate: Science \_\_\_\_\_ Non-Science \_\_\_\_\_ Cumulative \_\_\_\_\_

Actual or Expected Date of Graduation: Undergraduate (Mo/Yr.): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Graduate (Mo/Yr.): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please provide data from your most recent test scores below:

SAT  YES  NO Year: \_\_\_\_\_ Critical Reading: \_\_\_\_\_ Mathematics: \_\_\_\_\_ Writing: \_\_\_\_\_

ACT  YES  NO Year: \_\_\_\_\_ Composite Score: \_\_\_\_\_ Mathematics: \_\_\_\_\_ English: \_\_\_\_\_  
Reasoning Writing: \_\_\_\_\_ Reading: \_\_\_\_\_ Science: \_\_\_\_\_

MCAT  YES  NO Year: \_\_\_\_\_ Physical Sciences: \_\_\_\_\_ Biological Sciences: \_\_\_\_\_  
Verbal CARS: \_\_\_\_\_ Psychology & Sociology: \_\_\_\_\_

Have you taken the MCAT test? Yes No If so, how many times? \_\_\_\_\_

Have you participated in any MCAT Course Program(s)? Yes No

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

Will you be applying to enter a health professions school in the fall? Yes No

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

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

# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

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

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

Please describe any pertinent hospital or medical field experience you have.

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List the principal extracurricular and community activities you are/were involved in during college:

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

Please provide the contact information for the three college professors writing recommendation letters for you.

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 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

\*Official Transcript(s)

\*Three (3) letters of recommendation, two (2) must be from college professors

Proof of Health Insurance (Required)

\*Dean of Students Recommendation Form

Personal statement, minimum of 400 words

Passport Size Photo (2x2)

Color Copy of Social Security Card (SSN)

\*Dean of Students Recommendation Form, Official Transcript(s) and Letter of Recommendation may be emailed to: [diversityoffice@med.miami.edu](mailto: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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# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

## V. Dean of Students Recommendation

**Applicant:** This form is confirmation of your good academic and disciplinary standing. Please complete Section I and ask the Dean of Students or similar official at your current or most recent institution to complete Section II. **This form may be returned with your application in a sealed envelope with the Dean's signature over the closure.** Or, the Dean may email it to [diversityoffice@med.miami.edu](mailto:diversityoffice@med.miami.edu) or send it directly to the address below.

**APPLICATION DEADLINE IS March 17, 2017.**

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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 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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