

## HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

Complete application packets must be received in the Office of Diversity and Multicultural Affairs on **April 15, 2016** 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](mailto:diversityoffice@med.miami.edu)

The High School Careers in Medicine Workshop is part of the Miami Model Summer Programs sponsored by the Office of Diversity and Multicultural Affairs 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 15, 2016.**

## 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	
<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 AMERICAN INDIAN/ALASKAN NATIVE ASIAN 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 & MULTICULTURAL AFFAIRS/ MILLER SCHOOL OF MEDICINE		
INFORMATION SESSION	MAGAZINE/NEWSPAPER			



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE

**Office of Diversity and Multicultural Affairs**  
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)  
[www.miami.edu/mcatprogram](http://www.miami.edu/mcatprogram)

Attach Passport Photo

Return application to **UM - Office of Diversity – 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 the selection committee would find useful when evaluating your application? If so, please explain.

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*\*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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# HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

## 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: \_\_\_\_\_

FSA            YES            Year: \_\_\_\_\_            Reading: \_\_\_\_\_  
                   No

EOC            YES            Year: \_\_\_\_\_            Mathematics: \_\_\_\_\_  
                   No

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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# HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

Please describe any pertinent medical field experience you have.

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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 Photo                                   |
| 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](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.**

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Signature	Printed Name	Date
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# HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

## 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](mailto:diversityoffice@med.miami.edu) or send it directly to the address below. APPLICATION DEADLINE IS APRIL 15, 2016**

Office of Diversity and Multicultural Affairs – 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: \_\_\_\_\_