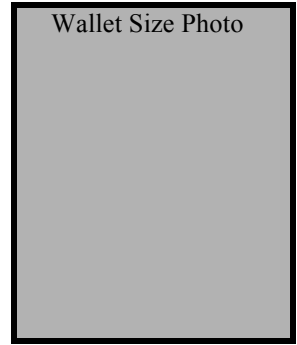


High School Careers in Medicine Workshop (HSCMW)

APPLICATION DEADLINE IS APRIL 23, 2012

Wallet Size Photo



PLEASE PRINT OR TYPE

DATE: _____

Name: _____
(Last) (First) (Middle)

SSN: _____ - _____ - _____ Date of Birth: _____ Age: _____ Male: Female:

Permanent Address: _____

City: _____ State: _____ Zip: _____

**All correspondence from this office will be sent to the mailing address listed above.*

Cell Phone: () _____ Home Phone: () _____

E-mail Address: _____

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: () _____ Cell: () _____	Home: () _____ Cell: () _____



UNIVERSITY OF MIAMI
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Office of Diversity and
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Park Plaza West, Suite J
1611 NW 12th Avenue
Miami, Florida 33136
Ph: 305-243-6551
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UNIVERSITY
OF MIAMI



Office of Academic Enhancement
5185 Ponce de Leon Blvd
Pearson Residential College, Suite 144
Coral Gables, Florida 33146
Ph: 305-284-3187
Fax: 305-284-8155
www.miami.edu/oae
www.miami.edu/hsworkshop

DESCRIPTIVE INFORMATION

U.S. Citizen? Yes No

If no, country of origin: _____

Permanent Resident? Yes No

Demographic Information

Raised by single or divorced parent

Future First-generation college student*

* First-generation college student is defined as an individual neither of whose natural or adoptive parents received a baccalaureate degree

Ethnicity (X all that apply):

Black/African American

American Indian /Alaskan native

Hispanic/Latino

Asian

Multi-ethnic

Other: _____

High Schools Attended (*Indicates currently enrolled)

	Name	City	State	Dates
*1				-
2				-
3				-

At the time of application I am enrolled as a High School Junior: Yes No

Do you receive free or reduced lunch: Yes No

TESTS TAKEN – Data for most recent test taken:

FCAT Yes No Year _____ Reading _____ Writing _____ Mathematics _____ Science _____

PSAT Yes No Year _____ Critical Reading _____ Writing Skills _____ Mathematics _____

SAT Yes No Year _____ Critical Reading _____ Writing Skills _____ Mathematics _____

ACT Yes No Year _____ Composite Score _____

ACADEMIC BACKGROUND

Grade Point Average: Consult your College Assistance Program (C.A.P) Advisor for correct GPA calculation if you are not sure.

Your High School grading scale: 4.0 5.0 Other (i.e., 4.0 = A, 5.0 = A)

Overall unweighted GPA _____ Overall weighted GPA _____

Check your academic school year: Semester Trimester Quarter

Contact Information of College Assistance Program (C.A.P) Advisor or Lead Magnet Coordinator

High School _____ Phone (____) _____

E-mail address _____

Please print your name: _____ Title _____

Signature _____ Date _____

University of Miami
Office of Academic Enhancement

University of Miami
Miller School of Medicine
Office of Diversity and Multicultural Affairs

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FAMILY INFORMATION

\$15,000 or below \$16,000 - \$25,000 \$26,000 - \$35,000 \$36,000 - \$50,000 \$50,000 – 75,000 76,000 – 100,000+

Number of people residing in household: _____

Father/Guardian

Name: _____

Home Phone: () _____

Cell Phone: () _____

Address: _____

City: State: Zip: _____

Country of Birth: _____

Living Deceased

Occupation: Salary: _____

Education:

High School: _____
 Technical School: _____
 College: _____
 Grad / Prof: _____

Mother/Guardian

Name: _____

Home Phone: () _____

Cell Phone: () _____

Address: _____

City: State: Zip: _____

Country of Birth: _____

Living Deceased

Occupation: Salary: _____

Education:

High School: _____
 Technical School: _____
 College: _____
 Grad / Prof: _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: () _____

Cell Phone: () _____

Address: City: State: Zip: _____

Are there any family circumstances or special problems that would be useful for us to know in evaluating your application?

If so, please explain:

High School Guidance Counselor Recommendation Form

Applicant: *This form is intended as a confirmation of your good academic and disciplinary standing. Please complete Section I of this page. Give this form to your guidance counselor or similar official at your current high school so that they may complete Section II of this form. Please return this completed form with your application packet.*

Section I (To be completed by student)

Please print or type.

Social Security or Student ID Number: _____

Student Name _____
Last First Middle Initial

Address _____
Street Apt. Number

City State ZIP Code

Date of Birth _____ / _____ / _____
Month Day Year Phone (____) _____

Student's Signature _____ Date _____

Section II (To be completed by guidance counselor or similar official) Additional space is provided on back if needed.

Has this student been involved in any disciplinary action at your school, or are there any conduct cases pending? Yes No

Are there factors—academic, social, or other—that would interfere with this student's ability to make normal progress during the course of this program? Yes No

If you answer yes to either question, please explain:

Contact Information of High School Guidance Counselor or Similar Official

High School _____ Phone (____) _____

E-mail address _____

Please print your name: _____ Title _____

Signature: _____ Date: _____

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List any extracurricular and community activities in which you have been involved during high school:

Activity: _____ Date of Participation: _____ Hrs. Wk: _____

Activity: _____ Date of Participation: _____ Hrs. Wk: _____

Activity: _____ Date of Participation: _____ Hrs. Wk: _____

Activity: _____ Date of Participation: _____ Hrs. Wk: _____

Do you plan to apply to college following your senior year of high school? Yes No

Please list the contact information of the College Assistance Program (C.A.P) Advisor, Lead Magnet Coordinator, or science instructor who you will ask to write a letter of recommendation on your behalf.

Name: _____ Position: _____

Address: _____

Phone: _____ Email: _____

Your completed application packet must contain:

- Completed Application Form
- Official High School Transcript(s)
- Guidance Counselor Recommendation Form
- Personal statement, minimum of 400 words
- Letter of recommendation from a science instructor
- Letter of recommendation from a College Assistance Program (C.A.P) Advisor or Lead Magnet Coordinator
- Wallet-Size Photo
- Proof of Health Insurance (Required)
- Proof of Free or Reduced Lunch (If Applicable)

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 all documents listed above must be received in order for my application to be considered.

Student's Signature _____ Printed Name _____ Date _____

Parent/Guardian's Signature _____ Printed Name _____ Date _____

APPLICATION DEADLINE IS APRIL 23, 2012

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Office of Academic Enhancement*

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Office of Diversity and Multicultural Affairs*

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Return to: **High School Careers in Medicine Workshop**

University of Miami

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