

High School Careers in Medicine Workshop (HSCMW)

APPLICATION DEADLINE IS FRIDAY APRIL 19, 2013

Return completed application to the Office of Diversity & Multicultural Affairs

Wallet Size Photo

PLEASE PRINT CLEARLY WITH BLUE OR BLACK PEN OR TYPE (Pencil applications will not be accepted)

DATE: _____

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

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

Attach a copy of your Social Security Card (SSN) to this application

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: _____
Address: _____
City: _____ State: _____ Zip: _____
Home: () _____ Cell: () _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home: () _____ Cell: () _____



UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

Office of Diversity and
Multicultural Affairs
Park Plaza West, Suite J
1611 NW12th Avenue
Miami, Florida 33136
305-243-6551
305-243-5574
www.miami.edu/hsworkshop

UNIVERSITY
OF MIAMI



Office of Academic
Enhancement
5185 Ponce de Leon Blvd
Pearson Residential College,
Suite 144
Coral Gables, Florida 33146
305-284-3187
305-284-8155
www.miami.edu
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 defines 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 *(If 'yes' please attach form that indicates you receive reduced lunches)*

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

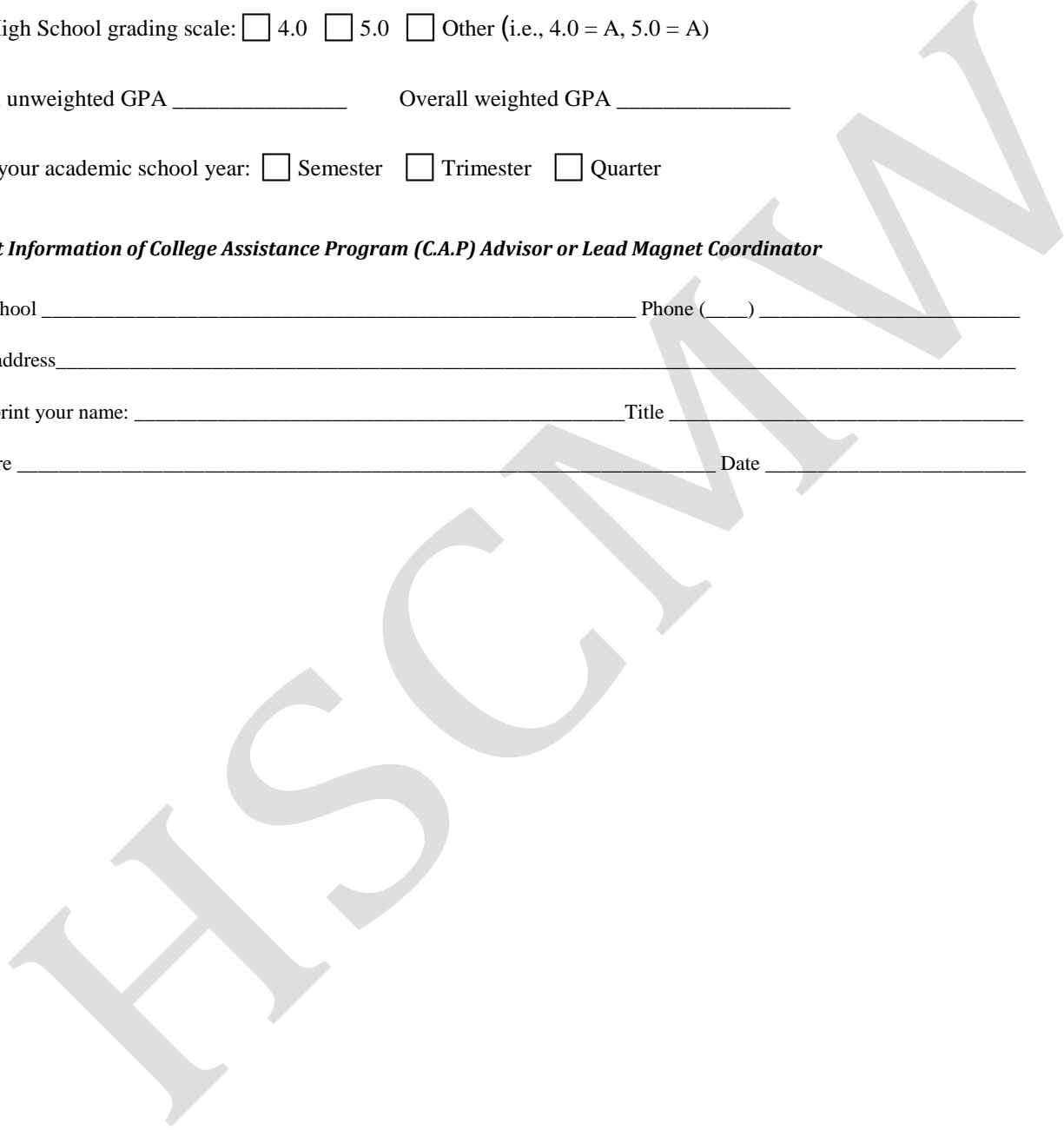
Contact Information of College Assistance Program (C.A.P) Advisor or Lead Magnet Coordinator

High School _____ Phone (____) _____

E-mail address _____

Please print your name: _____ Title _____

Signature _____ Date _____



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

Mother/Guardian

Name: _____

Name: _____

Home Phone: () _____

Home Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

Address: _____

Address: _____

City: State: Zip: _____

City: State: Zip: _____

Country of Birth: _____

Country of Birth: _____

Living Deceased

Living Deceased

Occupation: Salary: _____

Occupation: Salary: _____

Education:

Education:

High School: _____

High School: _____

Technical School: _____

Technical School: _____

College: _____

College: _____

Grad / Prof: _____

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 science instructor who you will ask to write one of your letters of recommendation on your behalf.

Name:	Position:
Address:	
Phone:	Email:

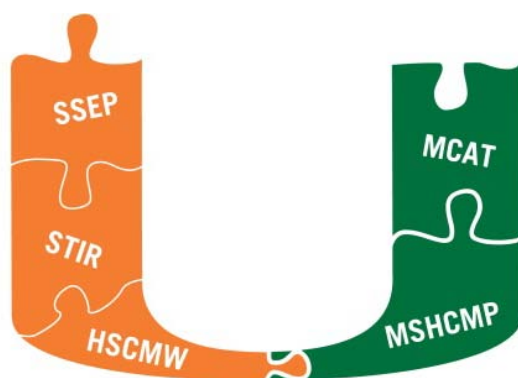
Your completed application packet must contain:

- 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)
- Copy of Social Security Card (SSN)

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.

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

*****I understand that incomplete packets will not be reviewed
APPLICATION DEADLINE IS FRIDAY APRIL 19, 2013
NO LATE APPLICATIONS WILL BE ACCEPTED**



**ONLY COMPLETED APPLICATION PACKETS WILL BE ACCEPTED
SEE CHECKLIST ON PAGE 8**

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Park Plaza West, Suite J
1611 NW12th Avenue
Miami, Florida 33136
305-243-6551
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Attention: Ms. Jeeta Larkey, Program Coordinator
High School Careers in Medicine Workshop