

High School Careers in Medicine Workshop (HSCMW)

**APPLICATION DEADLINE IS FRIDAY APRIL 18, 2014**

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 color 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 email address provided.**

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](http://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](http://www.miami.edu)  
[www.miami.edu/hsworkshop](http://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)

Cumulative unweighted GPA \_\_\_\_\_ Cumulative weighted GPA \_\_\_\_\_

Check your academic school year:  Semester  Trimester  Quarter

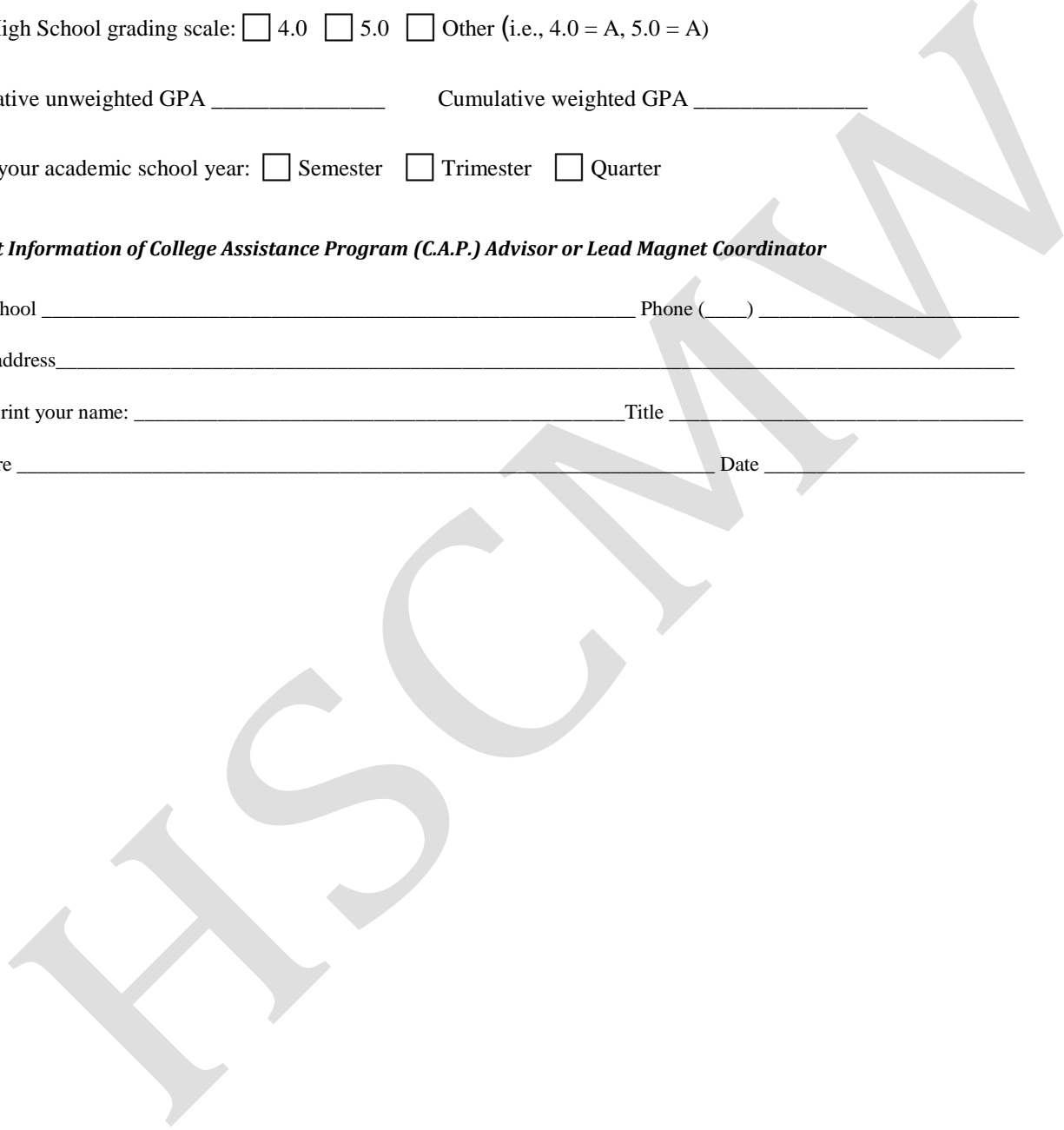
**Contact Information of College Assistance Program (C.A.P.) Advisor or Lead Magnet Coordinator**

High School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Please print your name: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Please list all science, math, and health related courses completed or in progress: (Use additional sheet, if necessary)

Course	Year Course Taken	Letter or Numerical Grade Received	Course	Year Course Taken	Letter or Numerical Grade Received

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

**Have you ever participated in any academic Summer Program(s)?**  Yes  No

Name of Program: \_\_\_\_\_ School/Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

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Name of Program: \_\_\_\_\_ School/Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

**Have you currently applied for any other academic Summer Program(s)?**  Yes  No

Name of Program: \_\_\_\_\_ School/Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

Name of Program: \_\_\_\_\_ School/Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

Name of Program: \_\_\_\_\_ School/Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

Name of Program: \_\_\_\_\_ School/Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

**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 concerns that would be useful for us to know in evaluating your application?

If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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How did you find out about this program?

- Office of Academic Enhancement    Office of Diversity & Multicultural Affairs/ Miller School of Medicine    Website
- Lead Magnet Coordinator    College Assistance Program (C.A.P) Advisor    Information Session
- Student/Friend    Magazine/Newspaper    Other \_\_\_\_\_

**Please attach a personal statement explaining why you wish to participate in this program and detail your educational and professional goals. (Minimum of 400 words)**

*Please list and briefly describe any pertinent medical/health coursework or volunteer experiences.*

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List any jobs you have had in the past three years.

Job Title:	Employer:
Dates of Employment:	Hours/Week:
Job Title:	Employer:
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Job Title:	Employer:
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Dates of Employment:	Hours/Week:

## 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.

Student ID Number: \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
Street Apt. Number

\_\_\_\_\_ City State ZIP Code

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Month Day Year

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section II (To be completed by guidance counselor or similar official) Please attach separate page for additional comments.

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:

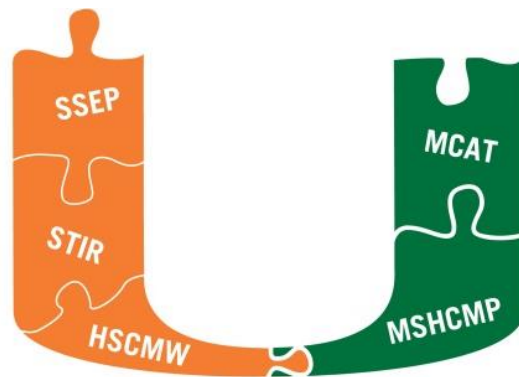
- Completed Application Form
- Official High School Transcript(s)
- Guidance Counselor Recommendation Form
- Personal statement, minimum of 400 words
- Letter of recommendation from a science instructor
- Letter of recommendation from a College Assistance Program (C.A.P) Advisor or Lead Magnet Coordinator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

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

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





**ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED**

**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
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Miami, Florida 33136  
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