HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

Please print or type clearly using black or blue ink. APPLICATION DEADLINE IS April 17, 2015.

I. Contact Information

LAST NAME	FIRST NAME	MIDDLE NAME
PERMANENT ADDRESS		APT
CITY	STATE	ZIP
CELL PHONE NUMBER ( )	E-MAIL ADDRESS	
LOCAL ADDRESS		APT
CITY	STATE	ZIP

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 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	1ST GENERATION COLLEGE STUDENT	RAISED IN A SINGLE-PARENT HOME
☐ BLACK/AFRICAN AMERICAN ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ HISPANIC/LATINO ☐ ASIAN ☐ MULTI-ETHNIC	☐ YES ☐ NO	☐ MALE ☐ FEMALE	☐ YES ☐ NO **an individual neither of whose natural or adoptive parents received a baccalaureate degree*	☐ 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

UHealth UNIVERSITY OF MIAMI HEALTH SYSTEM | UNIVERSITY OF MIAMI MILLER SCHOOL of MEDICINE

UNIVERSITY OF MIAMI

Attach a photo of yourself here
Please write your full name on the back

Office of Diversity and Multicultural Affairs
Rosenstiel Medical Science Building
1600 NW 10 Avenue, Suite 1130, Locator R11
Miami, Florida 33136
305-243-7156
305-243-7312
www.diversity.med.miami.edu
www.miami.edu/mcatprogram

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

Return application to Office of Diversity– HSCMW, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136

HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

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+	

PRIMARY CARETAKER (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

SECONDARY CARETAKER (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.

**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.*

APPLICATION DEADLINE IS APRIL 17, 2015

Return application to Office of Diversity– HSCMW, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136

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 ☐ NO Year: _____ Critical Reading: _____ Mathematics: _____ Writing: _____

ACT ☐ YES ☐ NO Year: _____ Composite Score: _____ Mathematics: _____ English: _____ Reasoning Writing: _____ Reading: _____ Science: _____

FCAT ☐ YES ☐ NO Year: _____ Reading: _____ Mathematics: _____ Writing: _____ Science: _____

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			-

APPLICATION DEADLINE IS APRIL 17, 2015

Return application to Office of Diversity– HSCMW, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136

HIGH SCHOOL CAREERS IN MEDICINE WORKSHOP (HSCMW)

Please describe any pertinent medical field experience you have.

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
- ☐ Official Transcript(s)
- ☐ Three (3) letters of recommendation from teachers / counselor
- ☐ Proof of Health Insurance (Required)
- ☐ Dean of Students / Principal Recommendation Form
- ☐ Personal Statement (400 words minimum)
- ☐ Wallet-Size Photo
- ☐ 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 and that all documents listed above are included.*

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

Signature Printed Name Date

APPLICATION DEADLINE IS APRIL 17, 2015

Return application to Office of Diversity– HSCMW, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136

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 directly to the address below.** APPLICATION DEADLINE IS APRIL 17, 2015

Office of Diversity and Multicultural Affairs – HSCMW
1600 NW 10 Avenue, Suite 1130
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: _____

Return application to Office of Diversity– HSCMW, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136