

# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

Complete application packets must be received in the Office of Diversity and Multicultural Affairs on **March 18, 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 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 Recommendation Form, Letters of Recommendation and Official Transcript(s) may be emailed to: [diversityoffice@med.miami.edu](mailto:diversityoffice@med.miami.edu)*

The Minority Students in Health Careers Motivation Program 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



# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

Please type responses, print, sign and submit. **APPLICATION DEADLINE IS MARCH 18, 2016**

## I. Contact Information

LAST NAME		FIRST NAME		MIDDLE NAME
PERMANENT ADDRESS				APT
CITY		STATE	ZIP	
CELL PHONE NUMBER		PRIVATE-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	YES	MALE	YES      NO	YES
AMERICAN INDIAN/ALASKAN NATIVE		FEMALE	<i>*an individual neither of whose natural or adoptive parents received a baccalaureate degree</i>	NO
ASIAN	NO			
HISPANIC/LATINO				
MULTI-ETHNIC				
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/		
INFORMATION SESSION	MAGAZINE/NEWSPAPER	MILLER SCHOOL OF MEDICINE		



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

Return applications to **UM - Office of Diversity, RMSB, 1600 NW 10 Avenue, Suite 1130, Locator R11, Miami, Florida 33136**

# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

## 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 would be useful for us to know when evaluating your application? If so, please explain:

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*\*Please be as honest as possible when providing this information; its primary purpose is for grant writing. All information will be kept confidential and used solely for admissions and reporting of statistical data.*

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# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

Have you applied to any other academic summer program(s)? Yes No

Program Name	School/Institution	City, State	Dates
1			-
2			-
3			-

Please describe any pertinent hospital or medical field experience you have.

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List the principal extracurricular and community activities you are/were involved in during college:

Activity/Program Name	City, State	Dates	# of hrs.
1			
2			
3			

Please provide the contact information for the three college professors writing recommendation letters for you.

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 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, two (2) must be from college professors

Proof of Health Insurance (Required)

\*Dean of Students Recommendation Form

Personal statement, minimum of 400 words

Passport Photo

Color Copy of Social Security Card (SSN)

\*Dean of Students 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.**

Signature

Printed Name

Date

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# MINORITY STUDENTS IN HEALTH CAREERS MOTIVATION PROGRAM

## V. Dean of Students Recommendation

**Applicant:** This form is confirmation of your good academic and disciplinary standing. Please complete Section I and ask the Dean of Students or similar official at your current or most recent institution to complete Section II. **This form may be returned with your application in a sealed envelope with the Dean's signature over the closure.** Or, the Dean may email it to [diversityoffice@med.miami.edu](mailto:diversityoffice@med.miami.edu) or send it directly to the address below.

**APPLICATION DEADLINE IS March 18, 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 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: \_\_\_\_\_

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