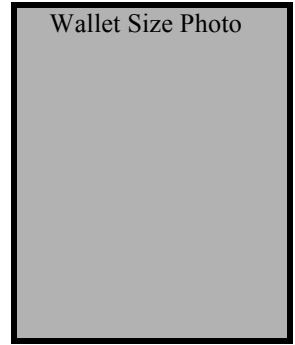


Minority Students in Health Careers Motivation Program (MSHCMP)

**APPLICATION DEADLINE IS MARCH 26, 2012**

Wallet Size Photo



**PLEASE PRINT OR TYPE**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male:  Female:

Local Address: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*After March 26th all correspondence from this office will be sent to your preferred mailing address.*

Preferred Mailing Address: Local  Permanent

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



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/oea  
www.miami.edu/motivationprogram



UNIVERSITY OF MIAMI  
MILLER SCHOOL  
of MEDICINE

Office of Diversity and  
Multicultural Affairs  
Park Plaza West, Suite J  
1611 NW 12th Avenue  
Miami, Florida 33136  
Ph: 305-243-6551  
Fax: 305-243-5574  
www.miami.edu/motivationprogram

**DESCRIPTIVE INFORMATION**

U.S. Citizen?  Yes  No

If no, country of origin: \_\_\_\_\_

Permanent Resident?  Yes  No

**For Data Purposes Only**

- First-generation college student\*
- Raised by single or divorced parent

\* 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: \_\_\_\_\_

Colleges/Universities Attended (\*Indicates currently enrolled)

	Name	State	Major	Dates
*1				-
2				-
3				-

Class standing (by credit) at time of application:  Junior  Senior  Post- Baccalaureate

**TEST TAKEN** – Data for most recent test taken:

SAT  Yes  No Year \_\_\_\_\_ Critical Reading/Verbal \_\_\_\_\_ Mathematics \_\_\_\_\_  
 Writing Skills (if applicable) \_\_\_\_\_

ACT  Yes  No Year \_\_\_\_\_ Composite Score \_\_\_\_\_

MCAT  Yes  No Year \_\_\_\_\_ Verbal Reasoning \_\_\_\_\_ Physical Sciences \_\_\_\_\_  
 Writing Samples \_\_\_\_\_ Biological Sciences \_\_\_\_\_

**ACADEMIC BACKGROUND**

**Grade Point Average:** Consult Registrar’s Office or your advisor for correct GPA calculation if you are not sure.

Undergraduate Science \_\_\_\_\_ Non-Science \_\_\_\_\_ Overall \_\_\_\_\_

\*Graduate Science \_\_\_\_\_ Overall \_\_\_\_\_ (\*If applicable)

Check your academic school year:  Semester  Trimester  Quarter

Courses completed or in progress: (Use additional sheet, if necessary)

**BIOLOGY**

Title	Credit Hours	Letter /Numerical Grade

**CHEMISTRY**

Title	Credit Hours	Letter /Numerical Grade

**MATHEMATICS**

Title	Credit Hours	Letter /Numerical Grade

**PHYSICS**

Title	Credit Hours	Letter /Numerical Grade

**OTHER SCIENCES**

Title	Credit Hours	Letter /Numerical Grade

Title	Credit Hours	Letter /Numerical Grade

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

**Have you ever participated in any 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: \_\_\_\_\_

**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: \_\_\_\_\_

**FAMILY INFORMATION**

Check your household income bracket:

\$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: \_\_\_\_\_

Are there any family circumstances or special problems 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  
 Poster/Flyer     Recruiter/Counselor     Information Session     Student/Friend  
 Website     Magazine/Newspaper     Other \_\_\_\_\_

**Please attach a personal statement explaining why you wish to participate in this program. In your statement also highlight any personal attributes that would be deemed desirable for medical school applicants. (Minimum of 400 words)**

*Please describe any pertinent hospital or medical field experience in which you have been actively involved.*

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List any jobs you have had in the past three years during college and summers.

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

## Dean of Students Recommendation

**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 the Dean of Students or similar official at the most recent institution you have attended to 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 Dean 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 toward his/her degree?  Yes  No

If you answer yes to either question, please explain:

College/University \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

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

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

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List your principal extracurricular and community activities in which you have been involved during your college years:

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

Will you be applying for a health professions school entry in the fall?  Yes  No

Please list the contact information for the three (3) college professors whom you will ask to write letters of recommendation on your behalf.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Your completed application packet must contain:

- Completed Application Form
- Official Transcript(s)
- Dean of Students Recommendation Form
- Personal statement, minimum of 400 words
- Letters of recommendation from three (3) college professors
- Wallet-Size Photo
- Proof of Health Insurance (Required)

***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.***

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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*Return to:* **Minority Students in Health Careers Motivation Program**

**University of Miami**

**Office of Academic Enhancement**

**5185 Ponce De Leon, Suite 144**

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**Ph: 305-284-3187**

**Fax: 305-284-8155**

**[www.miami.edu/motivationprogram](http://www.miami.edu/motivationprogram)**

*University of Miami  
Office of Academic Enhancement*

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