

**UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
Diversity & Career Development Office (DCDO)**

Summer Science Academy (SSA)

2012 Student Application

CHECKLIST (For Your Own Use)

NOTE: *Upon submission, all application materials will become the property of the University of Michigan and will not be returned.*

- Photo** —You are **required** to submit a recent, professional-looking, passport-size photo. Please attach the photo with clear tape or glue in the space provided on page two (head and shoulder shot)

- Completed application form** — Students must sign the bottom of page 9 to certify the authenticity of the application. **Please ensure that the email address provided is current, as students will first be notified of a decision by email.**
 - Personal Information
 - Parent/Guardian Information
 - High School Information
 - Family Information
 - Financial Aid/Scholarship Request (to include ALL required financial documents)
 - Applicant Signature

- Essay & Self-Assessment Description**

- Teacher Evaluation Form AND Recommendation**

- High School Counselor Information w/Current Transcript**

ALL APPLICATION MATERIALS SHOULD BE SUBMITTED TO:

Summer Science Academy
UMMS Diversity & Career Development Office
Attn: Charmica L. Abinojar
2919C Taubman Medical Library (TML)
1135 Catherine Street
Ann Arbor, MI 48109-5603
Telephone: (734) 764-8185 or Fax: (734) 615-4828

Remember, it is your responsibility to see that ALL application materials are postmarked by:
February 1, 2012. Incomplete or faxed applications or supporting documents will not be accepted.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
Summer Science Academy (SSA), 2012



University of Michigan Medical School
SUMMER SCIENCE ACADEMY (SSA)

DESCRIPTION:

Summer Science Academy (SSA) is a two-week entry level residential academic enrichment program sponsored by the University of Michigan Medical School (UMMS) **Diversity and Career Development Office (DCDO)**. **SSA** brings together highly motivated current 10th and 11th grade disadvantaged high school students to experience campus, medical school life and other enrichment experiences to which they might not otherwise have access. Current medical students and **SSA** program alumni serve as student leaders and mentors. During the two-week session, the student leaders stay in the dorm with participants and provide classroom tutoring, intellectual and social stimulation, one-on-one and small group mentoring, and insight into college and medical school life. During the day, **SSA** participants attend classes taught by experts in the field and participate in fun-filled evening events highlighting cultural diversity, self-development, and the arts.

PURPOSE:

The Diversity and Career Development Office is committed to increasing the diversity – in the widest and most inclusive sense – of medical school enrollments and thereby helping to create a well-trained, diverse physician workforce committed to working with underserved and disadvantaged populations to reduce health disparities.

ELIGIBILITY:

Students must be in the 10th or 11th grade at the time of submitting their application. **All** students with an interest in medicine and health disparities are encouraged to apply. In keeping with its goal of increasing the diversity (broadly defined) of medical school enrollments, DCDO particularly encourages applications from students who come from groups that are underrepresented in medicine. For instance, some applicants may come from economically disadvantaged backgrounds or from racial and ethnic groups that historically have been underrepresented in medicine, or may attend schools with largely socio-economically disadvantaged or underrepresented student bodies. Other applicants may come from rural areas whose residents historically have been underrepresented in medicine or lacked access to medical services.

PROGRAM FEES:

The total program cost of **SSA** is \$1,500 (\$1,400 program fee, \$100 deposit, due upon acceptance into the program). Please see page 9 for financial aid/scholarship information.

PROGRAM QUALIFICATIONS

Please provide the following information. Using the guidelines below to determine eligibility, **check the appropriate boxes that apply to you**. Please submit a corresponding typed essay (2-3 paragraphs) to explain your eligibility. Only one category is necessary to qualify. Documentation is not required at time of application submittal, but must be available upon request:

- Economically disadvantaged:** A student who comes from a “low income family” with an annual income below the thresholds published in the Federal Register by the Secretary, DHHS, for use in all health professions programs (see page 8 for income guidelines).
- Educationally disadvantaged:** A student who comes from a community college or a less competitive four-year institution, as defined by Barron’s Profiles of American Colleges.

Standardized test scores (ACT/SAT) at student’s school are markedly below other institutions, or student performance on standardized tests (ACT/SAT) is below national norms AND student has an overall grade point average below 3.0 or a science grade point average below 2.90.

A student who attended secondary school in a financially designated poor district. Parents or other adults in the household are not high school graduates.

A student who lacked the opportunity to gain academic enrichment from other sources.

- Socially disadvantaged:** A student who comes from an environment that has inhibited (but not prevented) him or her from obtaining the knowledge, skills and abilities required to enroll in, and successfully complete an undergraduate course of study that could lead to a career in the health sciences. This includes, but is not limited to: First generation college students, students limited by their community setting (rural, inner city or reservation), students with a certified learning and/or physical disability, students from a single-parent household, or students from a foster-care setting for the majority of their K-12 experience.
- Demonstrated commitment to improving the health of the underserved and disadvantaged populations:** Personal life experiences with underserved communities and/or experiences concerning disadvantaged health issues that have motivated you to pursue training in dentistry/medicine. Significant volunteer or other work for a clinic or agency serving the underserved or disadvantaged populations (local, national or international). Other experiences (e.g. specific courses taken) which have prompted you to focus on improving the health of underserved and disadvantaged populations.

I certify the information provided in this application is true to the best of my knowledge. If needed, I will supply information to document my status as a student from a disadvantaged background, or my demonstrated commitment to improving the health of underserved and disadvantaged populations.

Signature: _____ Date: _____

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II. PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

Address (If Different): _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail: _____ **Home Number:** (____) _____
(please make sure this is an email address you check frequently)

Cell Phone: (____) _____ **Work Phone:** (____) _____

Occupation: _____

Date of Birth: _____ **Birthplace:** _____
(Month/Day/Year) (City) (State)

Highest Level of Education:

<input type="checkbox"/> Junior High School	<input type="checkbox"/> Some High School
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> G.E.D.
<input type="checkbox"/> Vocational/Trade School	<input type="checkbox"/> Some College
<input type="checkbox"/> 4-year College Degree	<input type="checkbox"/> Post-graduate study

Father/Guardian Name: _____

Address (If Different): _____

City: _____ **State:** _____ **Zip Code:** _____

E-mail: _____ **Home Number:** (____) _____

Cell Phone: (____) _____ **Work Phone:** (____) _____

Occupation: _____

Date of Birth: _____ **Birthplace:** _____
(Month/Day/Year) (City) (State)

Highest Level of Education:

<input type="checkbox"/> Junior High School	<input type="checkbox"/> Some High School
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> G.E.D.
<input type="checkbox"/> Vocational/Trade School	<input type="checkbox"/> Some College
<input type="checkbox"/> 4-year College Degree	<input type="checkbox"/> Post-graduate study

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III. HIGH SCHOOL INFORMATION

A. School Information

High School:

_____ Public or Private

Name

Street

City

State

Zip

Telephone

Expected Graduation

Intended College

Date (Month/Year): _____

Major: _____

B. Academics

List all high school science and mathematics courses taken. (Please fill in completely. Do not reference attachments)

<u>Grade</u>	<u>Science Courses</u>	<u>Mathematics Courses</u>
9		
10		
11		

C. Extra-Curricular Activities, Employment, & Volunteer History

1. List extra-curricular activities:

Time Commitment & Brief Description

Activity

Dates

(Hr/Wk or Hr/Mo or Total Hours)

2. List employment experiences:

Time Commitment & Brief Description

Activity

Dates

(Hr/Wk or Hr/Mo or Total Hours)

3. List volunteer experiences:

Time Commitment & Brief Description

Activity

Dates

(Hr/Wk or Hr/Mo or Total Hours)

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IV. ESSAY & SELF-ASSESSMENT DESCRIPTION

The application essay questions are a very important part of the application. Please answer ALL essay questions below. Please type and double space your answers using 8.5" X 11" paper with 1 inch margins top, bottom, left and right.

ESSAY QUESTIONS:

1. Why do you want to participate in the Summer Science Academy?
2. What are your educational goals?
3. Describe your plans for a career in medicine and include any direct involvement, if any, you have had in the field.
4. Discuss your interest in wanting to work with individuals from underrepresented and disadvantaged populations to reduce health disparities.

IN ADDITION, PLEASE READ AND ANSWER CAREFULLY ALL OF THE QUESTIONS BELOW:

1. Define diversity and explain how it is relevant to you (or your life).
2. Describe your long-term goals or career objectives.
3. Describe those traits you possess that will be beneficial in pursuing a career in medicine.
4. Tell us how your friends or family would describe you.

5. Please list any other summer or academic year programs in which you have participated:

Name of Program	Sponsoring Organization	Location (City, State)	Attendance Dates

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EVALUATION/RECOMMENDATION FORM (Science or Math Teacher)

Student's Name: _____

APPLICANT: Deliver this recommendation/evaluation form to one of your math or science instructors for completion. All completed forms should be placed in a sealed envelope and returned to you to be mailed along with your completed application. Please note, it is your sole responsibility to ensure that the form is postmarked & mailed by the **February 1st, 2012** due date.

EVALUATOR: Please answer as many questions as your acquaintance with the student permits. The form should be returned to the student in a sealed envelope to be mailed with his/her completed application on or before **February 1st, 2012**.

Please circle the number that most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had the same amount of education and experience as applicant.

Definition of Scale:

1=Outstanding

2=Excellent

3=Average

4=Fair

5=Poor

X=Inadequate Knowledge

Intellectual Ability	1	2	3	4	5	X
Integrity	1	2	3	4	5	X
Work Habits	1	2	3	4	5	X
General Motivation	1	2	3	4	5	X
Leadership	1	2	3	4	5	X
Imagination/Creativity	1	2	3	4	5	X
Initiative	1	2	3	4	5	X
Ability to work with others	1	2	3	4	5	X
Ability to work independently	1	2	3	4	5	X
Maturity	1	2	3	4	5	X
Ability to communicate (written)	1	2	3	4	5	X
Ability to communicate (spoken)	1	2	3	4	5	X

How long have you known this student? _____

How well do you feel you know the applicant personally? _____

Do you have any concerns about this student's ability to participate in an intensive two-week residential program designed to increase his/her preparedness for application to medical school?

_____ I have no concerns

_____ I have concerns about this student (please explain)

Please provide any additional information that may be helpful _____

Evaluator's Name (Please Print): _____

Position: _____ Phone: _____

Evaluator's Signature: _____ Date: _____

