

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

Summer Opportunities for Apprenticeships in Research (MedSOAR)

2012 Student Application

**Training Dates: June 5th – 8th
Program Dates: June 11th – August 10th**

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 (head and shoulder shot)
- Completed application form
 - Personal Information
 - Employment History – to include resume
 - Volunteer Experience
- Eligibility determination essay
- Statement of Motivation
- School transcript (official or unofficial)
- Recommendation **letters** **AND**
- Recommendation **forms** from teacher/counselor/faculty member/teaching assistant

ALL APPLICATION MATERIALS SHOULD BE SUBMITTED TO:

MedSOAR
UMMS Diversity & Career Development Office
Attn: Dinella Crosby
2919C Taubman Medical Library (TML)
1135 Catherine Street
Ann Arbor, MI 48109-5603
Telephone: (734) 764-8185 or Fax: (734) 615-4828

Your application must be postmarked and mailed by **March 2, 2012**.
Remember, it is your responsibility to see that
ALL application materials are postmarked and mailed by the deadline.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
SUMMER OPPORTUNITIES FOR APPRENTICESHIPS IN RESEARCH (MedSOAR), 2012



UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
SUMMER OPPORTUNITIES FOR APPRENTICESHIPS IN RESEARCH (MedSOAR)

DESCRIPTION:

The Summer Opportunities for Apprenticeships in Research (MedSOAR) Program is an opportunity for highly motivated college students, including in particular underrepresented and disadvantaged students, to explore potential careers in the field of medicine. Program participants will work in a research lab or clinical setting and will gain essential skills necessary to become biomedical science professionals. Research areas include pathology, internal medicine, anatomy, physical medicine and rehabilitation, pediatrics, nursing, and social work, among others; research topics can range from high-tech computerized brain imaging to biostatistical analysis, just to name a few. Clinics are in the pediatric, physical medicine and rehabilitation, and primary care fields. As many as fifteen (15) students will be selected to participate in this full-time summer health-related research and/or clinical experience, which starts June 5 and ends August 10. The MedSOAR Program is fully funded by the University of Michigan Medical School; there will be no cost to program participants.

PURPOSE:

The purpose of the MedSOAR Program is to introduce college students to, and familiarize them with, biomedical research and health professional careers and give them the opportunity to explore the biomedical profession. Participants will also learn about health disparities. Pre-med students will receive priority placement.

ELIGIBILITY:

Only college students who have previously participated in the University of Michigan Medical School's Diversity & Career Development (DCDO) programs (Summer Science Academy, MedSOAR, and current DCDO pre-med advisees) or UM students with a pre-med focus are eligible to apply. Applicants must: 1) be U.S. citizens or legal resident aliens, 2) be lawful Michigan residents, 3) have a valid U.S. social security number; and 4) have completed first year of college before enrolling in the program. Applicants will be evaluated based on the following: 1) a demonstrated interest in a career in medicine or biomedical research; 2) successful completion of first year biology and chemistry courses; 3) personal and academic accomplishments; 4) college grades; 5) quality of academic recommendations; and 6) demonstrated commitment to helping underserved populations. Students are only eligible to participate in MedSOAR twice.

FINANCIAL SUPPORT:

Stipends are \$400.00 (before taxes) per week. Information is provided for students to find their own housing.

Completed applications must be postmarked and mailed by **March 2, 2012**.

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.

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:** _____

II. STATEMENT OF MOTIVATION

Please be specific regarding your interest in working in a research laboratory or hospital and career goal. *On a separate sheet of paper, please write an essay in response to the following questions:*

1. What is your mission? Why are you interested in a career in medicine? What event(s) in your life led you to this decision?

2. Discuss your interest in wanting to work with individuals from underrepresented and disadvantaged populations to reduce health disparities.
 - a. Please provide an example of how you have demonstrated this (i.e. course taken, volunteer or work experience).

3. How would participation in this program be beneficial to your mission? Why would you be a good candidate for this apprenticeship?

Please note: Responses should be typed on a separate sheet of paper. You must sign and date this document in the space below. Any application that is not signed and dated will not be considered complete.

I hereby certify that all information presented here represents my true and original thoughts:

Signature

Date

III. EMPLOYMENT HISTORY

Please list your three most recent employment experiences. Please provide a name and phone number at each employer, as we may contact these individuals for reference information. Attach a resume to the back of this application. **YOU MUST COMPLETE THE INFORMATION BELOW AND ATTACH THE RESUME.**

1) **Employer:** _____
Address: _____
Phone: _____ **Dates:** _____
Job Title and Responsibilities: _____

2) **Employer:** _____
Address: _____
Phone: _____ **Dates:** _____
Job Title and Responsibilities: _____

3) **Employer:** _____
Address: _____
Phone: _____ **Dates:** _____
Job Title and Responsibilities: _____

Skills (examples: developing web pages; drawing, math, specific software knowledge; speaking fluent Spanish; etc.):

IV. VOLUNTEER EXPERIENCE

Please list your three most recent volunteer experiences. Please provide a name and phone number for each volunteer activity, as we may contact these individuals for reference information.

1) Activity: _____
Coordinator: _____
Phone: _____ Dates: _____
Responsibilities: _____

2) Activity: _____
Coordinator: _____
Phone: _____ Dates: _____
Responsibilities: _____

3) Activity: _____
Coordinator: _____
Phone: _____ Dates: _____
Responsibilities: _____

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V. LETTERS OF RECOMMENDATION

Please list the names and telephone numbers of each teacher, counselor, faculty member, and/or teaching assistant who will complete a recommendation letter on your behalf. Additional letters of recommendation will not be considered.

1. _____
Name _____
Phone Number/E-mail

Department/Subject

2. _____
Name _____
Phone Number/E-mail

Department/Subject

VI. LETTER OF RECOMMENDATION - Pre-Health Advisor

*The Pre-Health Advisor recommendation is required only if the applicant is a University of Michigan student with a Pre-Med focus **AND** did not participate in a DCDO program:*

Please list the name and telephone number of the Pre-Health Advisor who will provide a completed "Recommendation Form" on your behalf (see attached form).

1. _____
Name _____
Phone Number/E-mail

Department/Subject

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RECOMMENDATION FORM

Student's Name: _____

APPLICANT: Please submit this form to each teacher, counselor, faculty member, and/or teaching assistant for completion and submission with the letter of recommendation that that individual will write on your behalf.

EVALUATOR: Please write a letter of recommendation evaluating the student above and rate the student with respect to the following characteristics in terms of the student's suitability for the Summer Opportunities for Apprenticeships in Research (MedSOAR) Program. **Please return the form AND the letter of recommendation to the student in a sealed envelope (with your signature across the seal) to be mailed with his/her completed application.**

Please circle the number that corresponds to your evaluation of this applicant in the categories listed.

Definition of Scale:

1=Outstanding 2= Excellent 3=Above Average 4=Average
 5=Below Average 6=Very Low X=Inadequate Knowledge

Maturity	1	2	3	4	5	6	X
Personal integrity, honesty	1	2	3	4	5	6	X
Interpersonal Skills	1	2	3	4	5	6	X
Verbal Communication Skills	1	2	3	4	5	6	X
Sense of Humor	1	2	3	4	5	6	X
Intellectual Curiosity	1	2	3	4	5	6	X
Responsibility and Reliability	1	2	3	4	5	6	X
Confidence	1	2	3	4	5	6	X
Ability to analyze and solve problems effectively	1	2	3	4	5	6	X
Ability to work independently, shows initiative	1	2	3	4	5	6	X
Ability to solve problems in a group and share ideas	1	2	3	4	5	6	X
Overall impression	1	2	3	4	5	6	X

How long have you known this student? _____

Compared to other students, this student should be considered:

Outstanding Above Average Average Below Average

Within your recommendation letter, please note below any of the student's special strengths or weaknesses that would affect his/her suitability for the MedSOAR Program.

 Evaluator's Name: _____ Position: _____

PLEASE PRINT

Department: _____ School: _____

Evaluator's Signature: _____ Date: _____

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PLEASE PRINT

Department: _____ School _____

Evaluator's Signature: _____ Date: _____