

# UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

## *Summer Science Academy 2008*

June 16-27, 2008

### Student Application

#### **INSTRUCTIONS - Please read completely.**

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

- 1 Applicant Information: All sections must be completed and postmarked by the due date. Students must sign the bottom of page 10 to certify the authenticity of the application. Please ensure that the e-mail address provided is current, as students will first be notified of a decision by e-mail.
- 2 Photo: You are **required** to submit a recent, professional-looking, passport-size photograph (head and shoulder shot) with your application to complete your file. Please attach the photo with clear tape or glue in the space provided on page two.
- 3 Teacher and Hope Program Coordinator Evaluation Forms: The evaluation information requested on pages five and six must be completed by a science or math teacher. The evaluation information requested on pages seven and eight, if applicable, must be completed by a HOPE program coordinator. Each completed evaluation should be placed in a sealed envelope and returned to the student to be mailed with the completed application. If the evaluators wish to mail the forms directly to us, students should provide stamped, addressed envelopes for them. Make sure the address on the envelopes is exactly as we have listed below. It will be the student's sole responsibility to ensure that all evaluation forms are postmarked by the March 14<sup>th</sup> deadline. If preferred, the evaluator may FAX the forms to us at (734) 615-4828.
- 4 Counselor Information: The student's school counselor needs to complete page nine of the application and attach the student's transcript. Be sure to check with the school counselor to verify that your transcript has been included with the counselor form.
- 5 Financial Aid: The program cost of SSA is \$1500 (\$1450 program fee, \$50 application fee). All students who wish to be considered for financial aid must complete part VIII by indicating the amount of financial aid that will be needed. **If you are requesting financial aid, you must also:** (a) include a **detailed statement** explaining why you require financial assistance to attend the Academy and (b) **attach your parents' Most Recent IRS 1040, 1040 EZ (with taxpayers' signatures, as well as all schedules & W2's).** **If you do not wish to be considered for financial aid, please check the box at the start of part VIII and continue to part IX.** PLEASE NOTE: **If you do not indicate a request for financial aid at the time of submission, you will not be eligible to receive financial aid after selection.**
- 6 Deadline: All parts of the application **must be postmarked by March 14, 2008**, and sent to the following address:

**Summer Science Academy**  
University of Michigan Medical School  
Diversity and Career Development Office  
ATTN: Princess L. J. Currence  
2919C Taubman Medical Library (TML)  
1135 Catherine Street  
Ann Arbor, MI 48109-0603  
Telephone: (734) 764-8185 or Fax: (734) 615-4828

**Remember it is your responsibility to see that ALL application materials are postmarked by March 14, 2008.**

**PART I. PERSONAL INFORMATION**

Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

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

County: \_\_\_\_\_  Rural or  Urban

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_



Ethnic Self-Identification (check all that apply):

- Black/African American     Native American/Alaska Native
- Mexican American         Puerto Rican (Mainland)
- Vietnamese                 Thai
- Hmong                         Caucasian
- Laotian                       Cambodian                 Other: \_\_\_\_\_

Are you a legal Michigan Resident? \_\_\_\_\_ (This program is for Michigan residents only)

**PART II. PARENT/GUARDIAN INFORMATION**

Mother/Guardian Name: \_\_\_\_\_

Current Residence: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(Month/Day/Year) (City) (State)

- Highest Level of Education:
- Junior High School                       Some High School
  - High School Diploma                     G.E.D.
  - Vocational/Trade School                 Some College
  - 4-year College Degree                    Post-graduate study

Father/Guardian Name: \_\_\_\_\_

Current Residence: \_\_\_\_\_

(If Different) \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(Month/Day/Year) (City) (State)

- Highest Level of Education:
- Junior High School                       Some High School
  - High School Diploma                     G.E.D.
  - Vocational/Trade School                 Some College
  - 4-year College Degree                    Post-graduate study

**PART III. HIGH SCHOOL INFORMATION**

**A. School Information**

High School:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

Expected Graduation

Intended College

Date (Month/Year): \_\_\_\_\_

Major: \_\_\_\_\_

**B. Academics**

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

<u>Grade</u>	<u>Science Courses</u>	<u>Mathematics Courses</u>	<u>Computer 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART IV. SELF-ASSESSMENT DESCRIPTION & ESSAY**

**ATTACH A ONE- TO TWO-PAGE ESSAY in which you (1) describe your plans for a health career, including any direct involvement you have had in the health field, and (2) explain why you are specifically interested in a health field, and the UM Summer Science Academy.**

IN ADDITION, PLEASE READ AND ANSWER CAREFULLY ALL OF THE QUESTIONS BELOW. PRINT CLEARLY OR TYPE.

1. Describe your personality and how you see yourself relating to others:				
2. Describe your long-term goals or career objectives:				
3. Describe those traits you possess that will be beneficial in pursuing a health career:				
4. Tell us how your friends 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)	Director's Name (If known)	Attendance Dates

**PART V. EVALUATION/RECOMMENDATION FROM SCIENCE OR MATH TEACHER**

Deliver the enclosed recommendation form (pages 5 & 6) to one of your science or math instructors for completion. All completed evaluations should be placed in a sealed envelope and returned to you to be mailed with your completed application. Your evaluator also has the option of faxing the form directly to the University of Michigan Medical School. Please note that it is your sole responsibility to ensure that the form is postmarked by the March 14, 2008 due date.

**To the applicant:** This section is to be completed by the applicant:

**Applicant's Name:** \_\_\_\_\_

**To the reference:** 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, or faxed to (734) 615-4828, attention: Princess L. J. Currence, or mailed directly to the address below. Applications should be postmarked by March 14, 2008.

**Summer Science Academy**  
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Diversity and Career Development Office  
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1135 Catherine Street  
Ann Arbor, MI 48109-0603  
umms.ssa@umich.edu

If you have any questions regarding this form, please contact Princess L. J. Currence at (734) 764-8185

**REFERENCE INFORMATION**

(PLEASE PRINT)

Name of Evaluator: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Part V. SCIENCE OR MATH EVALUATION/RECOMMENDATION (CONTINUED)**

Please rate the applicant by circling 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 the applicant.

	Unable to Judge	Poor Lowest 25%	Fair 26% - 49%	Average 50% - 75%	Excellent 76% - 90%	Outstanding Highest 100%
Intellectual Ability	0	1	2	3	4	5
Integrity	0	1	2	3	4	5
Work Habits	0	1	2	3	4	5
General Motivation	0	1	2	3	4	5
Leadership	0	1	2	3	4	5
Imagination/Creativity	0	1	2	3	4	5
Initiative	0	1	2	3	4	5
Ability to work with others	0	1	2	3	4	5
Ability to work independently	0	1	2	3	4	5
Maturity	0	1	2	3	4	5
Ability to communicate (written)	0	1	2	3	4	5
Ability to communicate (spoken)	0	1	2	3	4	5

How long have you known this student?

How well do you feel you know the applicant personally?

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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.

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**PART VI. EVALUATION/RECOMMENDATION FROM HOPE PROGRAM COORDINATOR**

HOPE Program Participants ONLY, If not applicable, skip to Part VII.

If you attend or have attended East Middle School, West Middle School, or Ypsilanti High School and are/were in the HOPE program, deliver the enclosed recommendation form (pages 7 & 8) to one of the HOPE program coordinators for completion. All completed evaluations should be placed in a sealed envelope and returned to you to be mailed with your completed application. Your evaluator also has the option of faxing the form directly to the University of Michigan Medical School. Please note that it is your sole responsibility to ensure that the form is postmarked by the March 14, 2008 due date.

**To the applicant:** This section is to be completed by the applicant:

**Applicant's Name:** \_\_\_\_\_

**To the reference:** 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, or faxed to (734) 615-4828, attention: Princess L. J. Currence, or mailed directly to the address below. Applications should be postmarked by March 14, 2008.

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umms.ssa@umich.edu

If you any questions regarding this form, please contact Princess L. J. Currence at (734) 764-8185

**REFERENCE INFORMATION**

(PLEASE PRINT)

Name of Evaluator: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Part VI. HOPE Program Coordinator EVALUATION/RECOMMENDATION (CONTINUED)**

Please rate the applicant by circling 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 the applicant.

	Unable to Judge	Poor Lowest 25%	Fair 26% - 49%	Average 50% - 75%	Excellent 76% - 90%	Outstanding Highest 100%
Intellectual Ability	0	1	2	3	4	5
Integrity	0	1	2	3	4	5
Work Habits	0	1	2	3	4	5
General Motivation	0	1	2	3	4	5
Leadership	0	1	2	3	4	5
Imagination/Creativity	0	1	2	3	4	5
Initiative	0	1	2	3	4	5
Ability to work with others	0	1	2	3	4	5
Ability to work independently	0	1	2	3	4	5
Maturity	0	1	2	3	4	5
Ability to communicate (written)	0	1	2	3	4	5
Ability to communicate (spoken)	0	1	2	3	4	5

How long have you known this student?

How well do you feel you know the applicant personally?

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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.

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**PART VII. INFORMATION FROM HIGH SCHOOL COUNSELOR**

**COUNSELOR:** please complete the following information and attach a copy of the student’s transcript. The form should be returned to the student in a sealed envelope to be mailed with his/her completed application, or faxed to (734) 615-4828, attention: Princess L. J. Currence. If you wish to mail the form directly, see address below. Please note that the form must be postmarked by the March 14, 2008 deadline.

Student’s Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Name of High School \_\_\_\_\_ Counselor’s Name (printed) \_\_\_\_\_

**Counselor’s Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Office Phone** \_\_\_\_\_

1. Type of high school:  Public  Public Magnet  Private Preparatory  
 Private Religious  Other (describe) \_\_\_\_\_

2. The percent of students from this high school entering: \_\_\_\_\_ 4-year college  
\_\_\_\_\_ 2-year college

3. Total number in student’s high school class: \_\_\_\_\_

4. Student’s composite test scores: \_\_\_\_\_ PLAN \_\_\_\_\_ PSAT \_\_\_\_\_ ACT \_\_\_\_\_ SAT

5. Student’s fall grades: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Student’s GPA: \_\_\_\_\_

7. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this completed form to the student in a sealed envelope or send the form (using the pre-stamped addressed envelope that the student provided) to:

Summer Science Academy  
University of Michigan Medical School  
ATTN: Princess L. J. Currence  
2919C Taubman Medical Library (TML)  
1135 Catherine Street, Ann Arbor, MI 48109-0603  
Fax: (734) 615-4828  
**POSTMARK DEADLINE: March 14, 2008**



## APPLICATION CHECKLIST (FOR YOUR OWN USE, DO NOT RETURN)

All application materials must be postmarked by **March 14, 2008**. Please use the following list for your own reference to ensure that all materials have been completed and returned to us. *All application materials are the property of the University of Michigan upon submission and will not be returned.*

- Completed Application**
- Photo**
- Personal Essay** (see pg. 4)
- Recommendation from Science/Math Teacher** (pgs. 5-6)
- Recommendation from HOPE Program Coordinator** (pgs. 7-8) (if applicable)
- Counselor Information Form w/ Current Transcript** (pg. 9)
- Family Information** (pg. 10)
- Financial Aid Request** (pg. 10)
- Applicant Signature** (pg. 10)
- Application Fee of \$50** (check or money order made out to University of Michigan, Please indicates the student's name on the check or money order)  
*Note: A separate check for each application is required*

### **CONTACT THE UNIVERSITY OF MICHIGAN SUMMER SCIENCE ACADEMY**

**BY PHONE:** If you have questions regarding program activities and/or your admissions status, please contact the University of Michigan Summer Science Academy at (734) 764-8185 between the hours of 9 a.m. and 5 p.m.

**BY EMAIL:** Please send questions regarding program activities and/or application processing to:  
**umms.ssa@umich.edu**

**ON THE INTERNET:** For detailed information on the program as well as important dates, please visit:  
**[www.med.umich.edu/medschool/ssa](http://www.med.umich.edu/medschool/ssa)**

### **BY MAIL OR FAX:**

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Diversity and Career Development Office  
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