

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

Summer Science Academy 2010

June 13-26, 2010

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 9 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 Evaluation Form: The evaluation information requested on pages six and seven must be completed by a science or math teacher. Each completed evaluation should be placed in a sealed envelope and returned to the student to be mailed with the completed application. It will be the student's sole responsibility to ensure that all evaluation forms are postmarked by the Feb 1st deadline.
FAXED forms will not be accepted.
- 4 Counselor Information: The student's school counselor needs to complete page eight 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 total program cost of SSA is \$1,500 (\$1,400 program fee, \$100 deposit, due upon acceptance into the program). All students who wish to be considered for financial aid must complete part VIII by indicating the amount of financial aid requested, max award \$1400. 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 IX and complete part X. **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. **All accepted students regardless of financial aid request are required to pay the \$100.00 non-refundable program deposit.**
- 6 Deadline: The completed application must be postmarked and mailed by February 1st, 2010, to the following address:

Summer Science Academy
University of Michigan Medical School
Diversity and Career Development Office
ATTN: Charmica L. Abinojar
2919C Taubman Medical Library (TML)
1135 Catherine Street
Ann Arbor, MI 48109-5603
Telephone: 734.764.8185

Remember it is your responsibility to see that ALL application materials are postmarked and mailed by:
February 1st, 2010. Incomplete or faxed applications or supporting documents will not be accepted.

PART I. PERSONAL INFORMATION

First name: _____ Last name: _____ M.I.: _____

Address: _____ Current Grade: _____

City: _____ State: _____ Zip Code: _____

County: _____ Rural or Urban

Telephone Number: (____) _____

E-mail: _____

Date of Birth: ____/____/____ Birthplace: _____

Gender (Check One): _____ Male _____ Female

Ethnic Self-Identification (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native American/Alaska Native |
| <input type="checkbox"/> Mexican American | <input type="checkbox"/> Puerto Rican (Mainland) |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Arab-American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Palestinian | <input type="checkbox"/> Other: _____ |

Are you a legal Michigan Resident? _____ Yes _____ No

(This program is for Michigan residents only)



PART II. PARENT/GUARDIAN INFORMATION

Mother/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 |

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 |

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 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)

PART 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. PRINT CLEARLY OR TYPE.

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

PART V. EVALUATION/RECOMMENDATION FROM SCIENCE OR MATH TEACHER

Deliver the enclosed recommendation form (pages 6 & 7) 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. Please note that it is your sole responsibility to ensure that the form is postmarked & mailed by the February 1st, 2010 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 on or before **February 1st, 2010**.

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umms.ssa@umich.edu

If you have any questions regarding this form, please call our office 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?

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.

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

All application materials must be postmarked by **February 1st, 2010**. 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. 5)
- Recommendation from Science/Math Teacher** (pgs. 6-7)
- Counselor Information Form w/ Current Transcript** (pg. 8)
- Family Information** (pg. 9)
- Financial Aid Request-If applicable** (pg. 9)
- Applicant Signature** (pg. 9)

Important reminders:

- Applicants will be notified of their admissions status via e-mail on **March 1st 2010**. Please do not contact our office regarding an admissions decision before **March 1st 2010**.
- It is your sole responsibility to ensure that all forms (application and supporting materials) are postmarked & mailed by the **February 1st, 2010** deadline. Incomplete applications or applications postmarked after the deadline will not be accepted.

(No exceptions)
- For detailed information on the program as well as important dates, visit our website: www.med.umich.edu/medschool/ssa
- There is no application fee required to apply, however a **\$100.00 non-refundable** deposit is required two weeks after you have been accepted into the program.

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