

NORTHEAST REGIONAL ALLIANCE MEDPREP PROGRAM

2010 Application Instructions

1. Students must be United States Citizens or a permanent resident. Student Visas are not accepted. Permanent residents are required to demonstrate proof of status by providing a copy of both sides of their Green Card.
2. A personal statement on why you wish to participate, and what you hope to gain from the summer program.
3. Two letters of recommendation, sealed and signed, from science and/or math professor.
4. A current official transcript which includes Fall 2009 grades sealed from the university.
5. All programs run a full day. If you are taking credit courses, working or have demands that would require you to miss class, we suggest that you not submit an application.
6. Completed applications should be mailed to the respective site:

UMDNJ – New Jersey Medical School
Office of Special Programs
185 South Orange Avenue
Medical Science Building – B 624
Newark, NJ 07101
973-972-3762

Columbia University
College of Physicians and Surgeons
Office of Diversity
630 W. 168th Street
Suite 3-401-Room 411
New York, NY 10032

Application Deadline: February 15, 2010.

Notification: Students are admitted on a rolling basis.

*** Students must provide proof of health insurance once admitted to the program.**

NORTHEAST REGIONAL ALLIANCE MEDPREP PROGRAM

IMPORTANT: Type or print all answers clearly in black ink. Do not leave any questions unanswered. You must use the form provided for your personal statement.

Please check the programs to which you are applying. Note: Residents of New Jersey can only apply to the NJMS Program and New York Area residents (five boroughs of NYC) to the Columbia Program.

- HCOP UMDNJ – New Jersey Medical School
- HCOP Columbia University College of Physicians and Surgeons

Program Eligibility:

- Freshman Status: Yes No
- Educational Opportunity Fund: Yes No Not Applicable
- Educational Opportunity Program: Yes No Not Applicable
- Interested in Medicine: Yes No Unsure

Personal Information:

Name: _____
(Last) (First) (MI)

Gender: Male Female

Social Security #: - - - - - Date of Birth: / /

Permanent Address: _____
(Number, Street and Apt. No.)

(City) (State) (Zip)

Preferred/Campus Mailing Address (if different from above):

(Number, Street and Apt. No.)

(City) (State) (Zip)

Home Telephone: () School Telephone: ()

E-mail: Cell Number: ()

Racial Self - Description:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity (please specify):

Citizenship Status: U.S. Citizen Permanent Resident

Parent or Guardian Information:

NOTE: Please check the box for which you are providing the information.

Name of: Mother or Guardian

Highest Level of Education: Elementary High School Undergraduate Graduate

Name of Institution:

Country:

Occupation:

Name of: Father or Guardian

Highest Level of Education: Elementary High School Undergraduate Graduate

Name of Institution:

Country:

Occupation:

Number of Dependents in Household:

Ages of brothers:

Ages of sisters:

Do you consider yourself economically disadvantaged? Yes No

Combined Household Income:

| | | |
|---------------------|----------------------|---------------------|
| Below \$20,000 | \$20,000 - \$40,000 | \$40,000 - \$60,000 |
| \$60,000 - \$80,000 | \$80,000 - \$100,000 | Over \$100,000 |

| Date(s) | SAT Scores | | | | |
|---------|------------------|-------------|---------|---------|-------|
| | Critical Reading | Mathematics | Writing | Total | |
| | | | | | |
| | | | | | |
| Date(s) | ACT Scores | | | | |
| | Critical Reading | Mathematics | Writing | Science | Total |
| | | | | | |
| | | | | | |

You will need two letters of recommendation. Please list the names of individuals who have provided letters of recommendation.

Name: _____ Title: _____

Name: _____ Title: _____

Please answer the following questions:

In the event of an emergency, person(s) to be contacted:

Name: _____ Name: _____
 Relationship: _____ Relationship: _____
 Telephone #: () Telephone #: ()

How did you hear about the Northeast Regional Alliance Health Careers Opportunity Program?

- Web Mailing Academic Advisor
 Recruitment Event: _____ Other: _____

NORTHEAST REGIONAL ALLIANCE HEALTH CAREERS OPPORTUNITY PROGRAM

Application Deadline: February 15, 2010. Students will be admitted to the HCOP Program on a rolling basis and will be notified on/before May 1st, 2010.

Complete this checklist before sending application (Keep for your records).

- Completed Application (pages 2 – 5)
- Essay Questions (page 6)
- Official college transcript
- Two letters of recommendation
- Signed page 5 of application

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