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: Sudents 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	\Box 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 Add	ress:	(Number, S	Street and Apt. No.)		
(City)			(State)	(Zip)	
Preferred/Camp	ous Mailing A	Address (if dif	ferent from abo	ve):		
		(Number,	Street and Apt. No	.)		
(City)			(State)	(Zip)	

Home Telephone: ()	School Telephone: ()
E-mail:		Cell Number: ()	

Racial Self - Description:

···· ·					
□ American Indian or Al	laska Native				
Black or African Ame	rican				
 Hispanic or Latino Native Hawaiian or Ot 	thar Desifis Isla	ndor			
□ White		lliuei			
Ethnicity (please specify	<i>ı</i>):				
Citizenship Status:	U.S. Citizen	🗆 Perman	ent Resident		
Parent or Guardian	Informatio	n:			
NOTE: Please check t	he box for whi	ch you are pro	viding the inf	formation.	
Name of: D Mothe	r or 🗆	Guardian			
Highest Level of Educat	ion: 🗆 Elemer	tary 🗆 High S	School 🗆 U	ndergraduate	□ Graduate
Name of Institution:					
Country:					
Occupation:					
Name of: 🛛 🗆 Father	or 🗌	Guardian			
Highest Level of Educat	ion: 🗆 Elemen	tary 🗆 High S	School 🗆 U	ndergraduate	Graduate
Name of Institution:					
Country:					
Occupation:					
Number of Dependents i	in Household:				
Ages of brothers:	A	ges of sisters:			
Do you consider yoursel	f economically	disadvantaged?	Yes	No	
Combined Household In	come:				
Below \$20	,000	\$20,000 - \$40,	000	\$40,000 - \$6	0,000

Education Background

Undergraduate Education: Please list all institutions attended. If more space is required, please use the back of this page. NOTE: Transcripts <u>must</u> be provided for all institutions attended.

Name of School:

Street Address:

City:	State:	Zip Code:	
Date of Matriculation	1	5	GPA
Undergraduate Educ	Mo. Yr. cation:	Mo. Yr.	
Name of School:			
Street Address:			
City:	State:	Zip Code:	
Date of Matriculation	/ Expected Graduation Mo. Yr.	n Date / Major Mo. Yr.	GPA
	l in any Academic Enrichment /In space provided below)	nternship? 🗆 Yes	🗆 No
Name of Program(s):			
Program Director:	telephone	&/or email address:	
Please specify when y	ou participated in this program (i	e. Summer of):	
Name of the Institutio	on where the program was held:		
Name of Program(s):			
Program Director:	telephone	&/or email address:	
Please specify when y	you participated in this program (i	e. Summer of):	
Name of the Institutio	on where the program was held:		

Standardized Testing Information

If applicable, please provide the required information:

			SAT Scores		
Date(s)	Critical Reading	Mathematics	Writing		Total
		ACT Scores			
			ACT S	cores	
Date(s)	Critical Reading	Mathematics	ACT S Writing	cores Science	Total
Date(s)	Critical Reading	Mathematics			Total

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

Title:

Name:			Title:

Name:

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	
Description on t Erro	nt.		Oth

□ Recruitment Event:

Other:

PERSONAL STATEMENT

Please write two short essays, 500 word maximum for each, on the following topics. Please type your answers below. You may elaborate more on a separate sheet of paper.

1. Please describe which career you are most interested in and why?

2. How do you think that participation in the Northeast Regional Alliance HCOP will help you achieve your goal of attaining a career in medicine?

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge. I understand that it is a competitive application process and acceptance into the program is at the discretion of the selection committee. I have read and accept this certification statement.

Student Signature:

Date:

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).

 \Box Completed Application (pages 2 – 5)

□ Essay Questions (page 6)

 \Box Official college transcript

 \Box Two letters of recommendation

 \Box Signed page 5 of application

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