UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

Summer Science Academy 2003

June 15 – June 27

Student Application

INSTRUCTIONS - Please read completely

- Applicant Information:
  All sections must be completed.

- Counselor Information & Teacher Evaluation Forms:
  Your school counselor needs to complete page nine of the application. The evaluation information requested on pages seven and eight must be provided by a science or math teacher. All completed evaluations should be placed in a sealed envelope and returned to you to be mailed with your completed application. If your evaluators wish to mail the forms directly to us, you should provide stamped, addressed envelopes for them. Make sure the address on the envelopes is exactly as we have listed below. It will be your sole responsibility to ensure all evaluation forms are postmarked by the March 21 deadline. If preferred, your evaluator may FAX the forms to us at (734) 936-3510.

- Financial Aid:
  Please indicate the amount of financial aid you will need. (If you do not need aid, please enter $0.00.) Include a **detailed statement** of why you require financial assistance to attend the academy.

- Transcript:
  Send a copy of your high school transcript. Official transcripts are not necessary; however, we must have a copy on file. Be sure to check periodically with your school office to verify that your transcript has been mailed, or mail it with your application materials.

- **Photo:**
  You are **required** to submit a recent photograph with your application to complete your file.

- Deadine:
  All parts of the application must be received by March 21, 2003, and sent to the following address:

Summer Science Academy
University of Michigan Medical School
Attn: Nancy H. McGlothlin
5121 C Wing Med Sci I Bldg.
1301 Catherine Drive
Ann Arbor, MI 48109-0611

Telephone: (734) 936-1473 or Fax: (734) 936-3510

Your application must be received by March 21, 2003.
Remember, it is your responsibility to see that
ALL application materials are received by the deadline.

CONTACTING 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) 936-1473 between the hours of 9a.m. to 5p.m.

BY EMAIL...

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

ON THE WORLD WIDE WEB...

For detailed information on the program as well as important dates, please visit:
www.med.umich.edu/medschool/ssa

BY MAIL OR FAX...

Summer Science Academy
University of Michigan Medical School
Attn: Nancy H. McGlothlin
5121 C Wing Med Sci I Bldg.
1301 Catherine Drive
Ann Arbor, MI 48109-0611
Fax: (734) 936-3510

PART I. PERSONAL INFORMATION

Name:_____

Address:_____

_____

Telephone Number: (____) _____ E-mail Address:_____

Social Security #:_____

Date of Birth:_____ Birthplace:_____

Ethnic Self-Identification: Black _____ American Indian/Alaskan Native _____ Latino _____

Puerto Rican (Mainland) _____ Caucasian _____ Other (describe):_____

Geographical Location: Rural _____ Urban _____

PART II. PARENT/GUARDIAN INFORMATION

Mother/Guardian Name:_____

Current Residence:_____

_____

Telephone Number:_____ Occupation:_____

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

Highest Level of Education:

_____Junior High School
_____High School Diploma
_____Vocational/Trade School
_____4-year College Degree
_____Some High School
_____G.E.D.
_____Some College
_____Post-graduate study

Father/Guardian Name:_____

Current Residence:_____

_____

Telephone Number:_____ Occupation:_____

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

Highest Level of Education:

_____Junior High School
_____High School Diploma
_____Vocational/Trade School
_____4-year College Degree
_____Some High School
_____G.E.D.
_____Some College
_____Post-graduate study

PART III. HIGH SCHOOL INFORMATION

A. School Information

High School: _____
Name

_____
Street

_____
City, State, Zip

_____
Telephone

Expected Graduation Date (Month/Year): _____
Current Grade Level: _____

Intended College Major: _____

B. Academics

List all high school science, mathematics, and computer courses taken.

Grade level	Science Courses	Mathematics	Computer
11:			
10:			
09:			

C. Extra-Curricular Activities, Employment, & Volunteer History

1. List extra-curricular activities:

Activity	Dates	Time Commitment & Brief Description (Hr/Wk or Hr/Mo or Total Hours)

2. List employment experiences:

	Dates	Time Commitment & Brief Description (Hr/Wk or Hr/Mo or Total Hours)

3. List volunteer experiences:

	Dates	Time Commitment & Brief Description (Hr/Wk or Hr/Mo or Total Hours)

PART IV. SELF-ASSESSMENT DESCRIPTION & ESSAY

PLEASE READ AND ANSWER ALL QUESTIONS CAREFULLY. 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. How would your friends 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

Please 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 the UM Summer Science Academy.

PART V. COLLEGE PREPARATION PLANS

PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS.

1. I plan to take the SAT or ACT in:

_____Fall 2003 _____Winter 2003-2004 _____Spring 2004

2. I have already taken the SAT or ACT on _____.
My score was _____.

PART VI. PERSONAL STATEMENT

I hereby affirm that, to the best of my knowledge, all information furnished on these forms is complete and accurate. I understand that withholding requested information or giving false information may make me ineligible for participation. If it becomes necessary for me to withdraw my application, I agree to notify the Summer Science Academy personnel immediately so that I will not deprive another student of the opportunity to participate.

_____

Student's Last Name (Printed) First Name Initial Social Security #

_____

Signature Date

PART VII. EVALUATION/RECOMMENDATION FROM SCIENCE/MATH TEACHER

Deliver the enclosed recommendation form (page 7 & 8) to one of your science or math instructors. 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 program office. Please note is it your responsibility to ensure that the form is received by the March 21, 2003 due date.

The University of Michigan
Summer Science Academy 2003
Recommendation Form
SCIENCE/MATH Teacher

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

Applicant's Name: _____

Applicant's SSN: _____

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 their completed application, faxed to (734) 936-3510, attention: Nancy McGlothlin, or mailed directly to the address below.**

Summer Science Academy
Attn: Nancy H. McGlothlin
5121 C Wing Med Sci I Bldg.
1301 Catherine Dr.
Ann Arbor, MI 48109-0611
nancymc@umich.edu

If you have questions regarding this form, please contact Nancy McGlothlin at (734) 936-1473.

REFERENCE INFORMATION
(PLEASE PRINT)

Name: _____

School Name: _____ Phone: _____

Position: _____ Subject Taught: _____

Signature: _____ Date: _____

Please rate the applicant by circling the appropriate number which 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. **Deadline: March 21**.

	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 provide any additional information which could be helpful.

_____

PART VIII. INFORMATION FROM HIGH SCHOOL COUNSELOR

COUNSELOR: PLEASE COMPLETE THE FOLLOWING INFORMATION. The form should be returned to the student in a sealed envelope to be mailed with their completed application or faxed to (734) 936-3510, attention: Nancy McGlothlin. If you wish to mail the form directly, see address below. Please note March 21 deadline.

Student's Last Name First Name Initial Social Security #

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 (type)_____

2. The percent of students from this high school entering _____4-year college in 2002.
   _____2-year college in 2002.

3. Total number in student's high school class: _____

4. Student's test scores: _____PLAN _____PSAT _____ACT _____SAT

5. Student's fall grades: _____

   _____

   _____

   _____

6. Comments:

_____

_____

_____

_____

_____

10. Please return to the student in a sealed envelope or send the pre-stamped addressed envelope the student provided to:

Summer Science Academy
University of Michigan Medical School
Attn.: Nancy H. McGlothlin, Prog Admin
5121 C Wing Med Sci I Bldg.
1301 Catherine Dr.
Ann Arbor, MI 48109-0611

DEADLINE: March 21, 2003

PART IX. FINANCIAL AID

Name: _____ SSN: _____

Amount of Financial Aid Needed: $_____

PARENT INFORMATION:

Number of parents living in your home: (please circle) **1 2** Age(s): _____ _____

SIBLING INFORMATION:

Number of siblings living in your home: (please circle) **1 2 3 4 5 6 7+**

Age(s) of siblings living in your home: _____ _____ _____ _____ _____ _____ _____

OTHER: If there is anyone other than your parents or siblings living in your home, please list their relationship to you and their age.

1. _____
2. _____
3. _____

Please include a detailed statement explaining any special circumstances that require you to receive financial assistance to attend the Summer Science Academy. You may use the back of this page, or attach additional sheets if necessary.

FINAL REMINDER ABOUT YOUR APPLICATION

All application materials must be received by March 21, 2003. Please use the following list for your own reference to ensure that all materials have been completed and returned to us. You do NOT need to return this page with your application.

APPLICATION CHECKLIST:

1. **Application** ____

2. **Personal Essay** (see page 5) ____

3. **Financial Aid Request** ____

4. **Application Fee of $50** ____
   (check made out to University of Michigan)
5. **Photo** ____

6. **Transcript** ____

7. **Recommendation from Science/Math Teacher** (see pages 7 & 8) ____

8. **Counselor Information Form** (see Page 9) ____