

**SOPHIE DAVIS HEALTH PROFESSIONS  
MENTORSHIP PROGRAM 2023-2025**

*\*Please fill out and complete the application online prior to printing it for submission\**

*\*This program is only for 10th grade students\**

Name: \_\_\_\_\_ Sex: Male Female Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Address Line 2 (Apt #): \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ Borough/Territory: \_\_\_\_\_ Township: \_\_\_\_\_  
*\*Please also indicate the neighborhood/county you currently live\**

Student Phone Number: ( ) - - Parent E-mail: \_\_\_\_\_

Parent Phone Number: ( ) - - Student E-mail: \_\_\_\_\_

High School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
*\*This program is for 10th grade students\**

GPA: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**Ethnicity (Check all that apply):**

African American/Black American

Asian

Native Hawaiian/Pacific Islander

Other: \_\_\_\_\_

Native American/ Alaskan Native

Hispanic or Latino

White

**Extra-Curricular Activities, Volunteer Service, and Work experience:**

<u>Activity</u>	<u>Position</u>	<u>Start Date</u>	<u>End Date</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

**Awards and Recognitions**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Special Talents/Hobbies/Interests**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*\*If you would like us to know about additional activities, academic or athletic awards not listed, you may do so by including your resume.\**

**Fall 2022 Classes Enrolled:**

**Grade**

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

**Spring 2023 Classes Enrolled:**

**Grade**

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

**Tests Completed (e.g. AP's, Regents, PSAT, SAT subject tests, etc.):**

**Score**

- |    |       |       |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

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**\*\*Please fill out the classes for both the Fall and Spring terms.  
If the grade for the spring has not been released, it may be omitted.\*\***

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### Essay Questions

(Please type and include a separate sheet for each essay. Limit essays to two-hundred-fifty words per essay.)

1. Briefly discuss at least one extracurricular or volunteer activity you listed. Explain your role in the activity and what you have learned thus far from the experience.
2. Briefly discuss what you would like to study in college and your future career goals.

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Highest level of education completed by your  mother  step-mother:

Highest level of education completed by your  father  step-father:

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Your signature below confirms all information on this application (including any supplemental information) is factual, honestly presented and that you are the person submitting this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: Application deadline is April 1, 2023. Applicants are requested to have an overall minimum "B" average and a high school transcript must be included with the application. The summer portion of the program is during the entirety of July 2023. Parental permission is required. The program in total requires 18 months commitment. Full attendance is mandatory including Saturday sessions.

(1) Application, (2) essays, (3) transcript, and (4) two letters of recommendation (one from a science teacher) must be emailed to: [jgerves@med.cuny.edu](mailto:jgerves@med.cuny.edu). All applications and documents must be emailed. Applications and documents sent by U.S. Postal delivery will be accepted but require additional time. The April 1, 2023, deadline will not be extended. U.S. Postal delivery is to: **Sophie Davis Biomedical Education Program, Office of Admissions - Health Professions Mentorship Program, 160 Convent Avenue - Harris Hall Suite 101, New York, N.Y. 10031**

*\* All students will be notified about their admissions status by the second week of May 2023*

**\*\* Admission into the Health Professions Mentorship Program is not assurance of acceptance into The CUNY School of Medicine Sophie Davis Biomedical Education B.S./M.D. Program.\*\***

The City University of New York does not discriminate on the basis of age, gender, sexual orientation, race, creed, national or ethnic origin, physical or mental disability, marital status, and veterans status.