

SOPHIE DAVIS HEALTH PROFESSIONS MENTORSHIP PROGRAM 2018 - 2020

Please fill out and complete the application online prior to printing the document for submission

Name: _____ Sex: Male Female Date of Birth: _____

Address: _____

E-mail: _____

Phone Number: () - - Grade Level: _____

High School Name: _____

GPA: _____ Expected Graduation Date: _____

Ethnicity (Check all that apply): American Indian/ Alaskan Native Hispanic or Latino

African American/Black White Native Hawaiian/ Pacific Islander

Asian

Other: _____

Extra-Curricular Activities, Volunteer Work, 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 other activities, academic or athletic awards received, and anything else not listed, you may do so by attaching your resume.

Classes Currently Enrolled:

Score

- | | | |
|----|-------|-------|
| 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. | _____ | _____ |

Essay Questions

(Please type and attach 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.

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

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

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

Applicants Signature: _____ Date: _____

Please note: Application deadline is April 1st, 2018. Applicants are requested to have a minimum “B” average and a high school transcript must be included with the application. The Summer portion of the program dates from July 9th through July 27th, 2018. Parental permission is required. The program in total requires 18 months commitment. Full attendance is mandatory.

Application, essays, transcript, and *two letters of recommendation (one from a science teacher)* must be mailed 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 2018

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