

NORTHEAST REGIONAL ALLIANCE HEALTH CAREERS OPPORTUNITY 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. Chemistry (I, II or both), English Composition (I, II or both) (NJMS Only).

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.

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: April 1, 2010.

Notification: Students are admitted on a rolling basis. However, priority consideration will be given to students who apply before February 15, 2010.

*** Students must provide proof of health insurance once admitted to the 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 & Westchester) 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 (Not Underrepresented)
- Asian (Underrepresented)*
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

* Any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian or Thai.

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

Education Background

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

Name of School:

Street Address:

City:

State:

Zip Code:

Date of Matriculation

/

Expected Graduation Date

/

Major

GPA

Mo. Yr.

Mo. Yr.

Undergraduate Education:

Name of School:

Street Address:

City:

State:

Zip Code:

Date of Matriculation

/

Expected Graduation Date

/

Major

GPA

Mo. Yr.

Mo. Yr.

Have you participated in any Academic Enrichment /Internship?
(Please indicate in the space provided below)

Yes

No

Name of Program(s):

Program Director:

telephone &/or email address:

Please specify when you participated in this program (ie. Summer of):

Name of the Institution where the program was held:

Name of Program(s):

Program Director:

telephone &/or email address:

Please specify when you participated in this program (ie. Summer of):

Name of the Institution where the program was held:

Standardized Testing Information

If applicable, please provide the required information:

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
 Other:

NORTHEAST REGIONAL ALLIANCE HEALTH CAREERS OPPORTUNITY PROGRAM

Application Deadline: April 1, 2010. Students will be admitted to the HCOP Program on a rolling basis.

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

All programs run a full day. If you are taking credit courses, working or have demands that would require you to miss class during the summer, we suggest that you not submit an application.

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

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

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