

UIC

**University of Illinois at Chicago College of Medicine
Department of Medical Education - Hispanic Center of Excellence
808 S. Wood Street 990 CME (MC-591)
Chicago, Illinois 60612-7333
Phone: (312) 996-4493 Fax: (312) 996-9922**

PLEASE CHECK THE PROGRAM(S) YOU ARE APPLYING FOR AND USE THE CHECKLIST TO COMPLETE YOUR APPLICATION

MEDICINA SCHOLARS PROGRAM FOR UNDERGRADUATES

- Complete all sections of the application.
- Attach a one page typed personal statement about your educational and career goals.
- Provide a copy of school transcripts.
- Provide 2 letters of recommendation from faculty.

Requirements:

- Student of Hispanic Origin
- Conversational Spanish
- Freshman or Sophomore standing at an accredited university, as of fall 2005
- 3.0 GPA (A=4.0)
- Minimum 21 ACT for incoming Freshmen
- Good academic standing, community involvement, and demonstrated interest in medicine.

Deadline: Application must be received by May 31, 2006

SUMMER MEDICAL STUDENT RESEARCH FELLOWSHIP PROGRAM

May 31 thru AUGUST 9, 2006

Requirement: First Year Medical students at UIC or UIUC only

- Complete all sections of the application
- UIN Number: _____
- Area of research interest/specialty: _____
- Indicate Research type preferred: _____ Clinical _____ Laboratory
- Student can fulfill research in the state of Illinois or other states pending approval

Deadline: Application must be received by February 24, 2006.

****These programs are supported through a grant awarded by the Division of Health Professions Diversity, Health Resources and Services Administration and U.S. Department of Health and Human Services**

STUDENT DATA**DATE** _____Name _____
Last First Middle

Social Security Number _____ Date of Birth ____/____/____ Sex ____ F ____ M

Permanent Address (Home) __________
City State County Zip Code**Current Address (Academic Year)** __________
City State County Zip Code**Home Phone** _____ **Work Phone** _____ **E-mail** _____**U.S. Citizen** _____ **Permanent Resident** _____ **Alien Visa Number** _____**Race/Ethnic Group:**

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> White not of Hispanic Origin | <input type="checkbox"/> Other Hispanic _____ |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander _____ | <input type="checkbox"/> Other Hispanic _____ |
- Please specify Please Specify

<u>FAMILY DATA</u>	Living	Deceased	Occupation	State of Residence	Education (Level Completed)
Father's Name					
Mother's Name					
Guardian's Name					

Year Sibling born - Sister (s) _____ Year Sibling born - Brother(s) _____

<u>IF MARRIED</u>	Living	Deceased	Occupation	State of Residence	Education (Level Completed)
Spouses Name					

Year (s) your Children were born: _____

FAMILY ANNUAL GROSS INCOME

Indicate below your family annual gross income.

Less than \$10,000 _____ \$10,000-\$15,000 _____ \$16,000-\$20,000 _____
\$21,000-\$25,000 _____ \$26,000-\$30,000 _____ \$31,000-\$35,000 _____
\$36,000-\$40,000 _____ \$41,000-\$45,000 _____ \$46,000-\$49,000 _____
\$50,000-higher _____

EDUCATIONAL DATA

High School _____ Dates attended _____/_____/_____ to _____/_____/_____ Month/Year

Year in High School (if applicable): _____ Freshman _____ Sophomore _____ Junior _____ Senior

Year of Graduation _____ ACT Score _____ SAT Score _____

List Honors received in High School _____

Undergraduate Institution _____ Dates attended _____/_____/_____ to _____/_____/_____

Present Year in College _____ Freshman _____ Sophomore _____ Junior _____ Senior

Major field _____ Date earned or expected _____

Graduate Institution _____ Dates attended _____/_____/_____ to _____/_____/_____

Major _____ Degree earned or expected _____

COMMUNITY INVOLVEMENT & EXTRACURRICULAR ACTIVITIES

Please list all extracurricular activities in which you have been involved, include dates and offices held. Indicate approximate hours per week involved in activity.

ACTIVITY	HOURS PER WEEK/YEAR
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AWARDS/HONORS

Please list any awards and honors received (e.g., academic, community service, volunteer work etc.)

EMPLOYMENT

Please list any jobs you have held and the **approximate hours worked per week**. **List any employment at the University of Illinois**. If you need to add additional listings, please attach an additional sheet.

EMPLOYER

EMPLOYMENT DATES/HOURS

Please list **Biology, Chemistry, Physics, and Math (BCPM) courses, grades, and indicate the date of completion**.

COURSE NUMBER

GRADE

DATE/YEAR

CURRENT BCPM GPA: ____/4.0

IF APPLYING TO MEDICAL SCHOOL

What year will you apply? _____

Have you ever taken the MCAT ____ YES ____ NO If yes, please list date(s)_____

MCAT SCORES

Verbal Reasoning _____ Physical Science _____

Biological Science _____ Writing Sample _____

I certify that the information submitted on this application is complete and correct to the best of my knowledge.

Signature of applicant: _____ Date: _____

Please submit completed application to:

**University of Illinois at Chicago College of Medicine
Special Curricular Programs – Hispanic Center of Excellence
808 S. Wood Street 990 CME (MC-591)
Chicago, Illinois 60612-7333**

Office use only:

Student name: _____ Date: _____

OFFICE USE	DATE ACCEPTED & INITIALS	TRANSCRIPTS ATTACHED	PERSONAL STATEMENT	GPA	REC LETTERS
MEDICINA SCHOLARS					
SMSRFP					

REVIEWER COMMENTS