

Application
MCAT Review Program
June 13, 2011 – July 29, 2011

DIRECTIONS

1. Complete all sections of this application and return it to the COM Urban Health Program office.
2. Send official school transcripts from **all** universities and colleges attended.
3. Obtain two academic recommendations from professors or instructors (forms are provided on pages 9 - 12).
4. Attach a one page typed personal statement about yourself and your career goals (see instructions on page 7)
5. The fee for the program is \$500.00 which covers instruction, books and supplies.
6. Application material must be received by Friday, **May 16, 2011**. Incomplete or late applications will not be reviewed.

Part I: STUDENT DATA

Last Name: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ SSN: _____-____-____ or AAMC ID# _____

Male Female

Race/Ethnic Group:

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

Current Mailing Address: (I will be at this current address until: ____/____/____)

Street: _____

City: _____ State: _____ Zip Code: _____

Current Phone: () _____ - _____ E-Mail: _____@_____

Permanent Mailing Address (where you can be reached after July 29, 2011)

Street _____

City _____ State _____ Zip Code _____

Permanent Phone () _____ - _____

Are you a United States Citizen? Yes

No (**Note: If no, Proof of Residency is required!**)

Are you a permanent resident? Yes, Alien # _____

No, I am not a permanent resident. If no, PLEASE STOP HERE. All participants must be US citizens or permanent residents with documentation permitting residence in the US. Individuals on temporary or student visas are not eligible.

Please supply the following information. Check any/all appropriate boxes that would describe yourself by using the guidelines to determine your eligibility. Please provide a corresponding essay (2-3 paragraphs) in explanation. Only one category is necessary to qualify.

Economically disadvantaged:

A student that comes from a "low income family" with an annual income below the thresholds published in the Federal Register by the Secretary, DHHS, for use in all health professions programs.

Educationally disadvantaged:

- A student comes from a community college or a less competitive four-year institution, as defined by Barron's Profiles of American Colleges.
- Standardized test scores (ACT/SAT) at student's school are markedly below other institutions, or student performance on standardized tests (ACT/SAT) is below national norms AND student has an overall grade point average below 3.0 or a science grade point average below 2.90.
- Student attended secondary school in a financially designated poor district. Parents or other adults in the household are not high school graduates.
- Student lacked the opportunity to gain academic enrichment from other sources.

Socially disadvantaged:

A student comes from an environment that has inhibited (but not prevented) them from obtaining the knowledge, skills and abilities required to enroll in and successfully complete an undergraduate course of study that could lead to a career in the health sciences. This includes, but is not limited to: First generation college students, or are limited by their community setting (rural, inner city or reservation), has a certified learning disability, a physical disability, or student is from a single-parent household or foster-care setting for the majority of their K-12 experience.

Demonstrated commitment to improving the health of the underserved and disadvantaged populations:

Personal life experiences with underserved and disadvantaged health issues, and how these have stimulated you to pursue training in dentistry/medicine.

Significant volunteer or other work for a clinic or agency serving the underserved or disadvantaged (local, national or international).

Other experiences (e.g. specific courses taken) which have prompted you to focus on improving the health of underserved and disadvantaged populations.

Part II: EDUCATIONAL HISTORY - continued

List most recent colleges or universities you have attended:

1.

Name of current College/University: _____

City _____ State _____ Zip Code _____

Type of Program: Post-baccalaureate Graduate Community College

College Standing: Freshman Sophomore Junior Senior

What is your major? _____

Total credit hours completed _____ Cumulative grade point average (GPA) _____

2.

Name of College/University _____

City _____ State _____ Zip Code _____

Type of Program: Post-baccalaureate Graduate Community College

College Standing: Freshman Sophomore Junior Senior

Total credit hours completed _____ Cumulative grade point average (GPA) _____

3.

Name of College/University _____

City _____ State _____ Zip Code _____

Type of Program: Post-baccalaureate Graduate Community College

College Standing: Freshman Sophomore Junior Senior

Total credit hours completed _____ Cumulative grade point average (GPA) _____

Have you taken course (s) in biology or chemistry?

Yes No

Have you taken any biology, chemistry, physics or math courses at a community college?

Yes (If yes, please have only those transcripts sent to the address provided)

No

Part II: EDUCATIONAL HISTORY - continued

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

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

AWARDS/HONORS

DATE

FOR COLLEGE

Please list any jobs you have held and the approximate hours worked per week while in college. List any employment at the University of Illinois.

EMPLOYER

EMPLOYMENT DATES

Part II: EDUCATIONAL HISTORY - continued

IF APPLYING TO MEDICAL SCHOOL

What year will you apply? _____

Have you ever taken the Medical College Admission Test (MCAT)?

NO () ; Anticipated test date: ____/____/____

YES () ; List MCAT score and attach a copy of your score report

MCAT SCORES

VR_____ PS_____ BS_____ WS_____ Date Taken_____

VR_____ PS_____ BS_____ WS_____ Date Taken_____

VR_____ PS_____ BS_____ WS_____ Date Taken_____

Have you taken a MCAT review course before?

Yes, if yes, where/what type?

No

Part III: COMMUNITY ENVIRONMENT

Please check the community size in which you have resided for the majority of your life.

____ Rural (pop. <2,000)

____ Small town (pop. <20,000)

____ Small city (pop. <1000, 000)

____ Medium urban/city (pop. 100,000-500,000)

____ Suburb of medium city

____ Large city/urban (pop. >500,000)

____ Suburb of large city

Part IV: PERSONAL STATEMENT

INSTRUCTIONS FOR PERSONAL STATEMENT

Please type your one-page personal statement on a separate 8 ½" x 11" sheet of paper. Please use a font size no smaller than 10 pt. and provide no less than one-inch margins on all sides. (500 word minimum)

When constructing your personal statement, please address the following:

- Have you had to overcome particular disadvantages that affected your previous academic performance, such as financial difficulty, educational deprivations, or other obstacles?
- Why do you think that the MCAT Review Program can help you achieve admissions into a health professions program?
- How do your professional goals coincide with the objectives of the Urban Health Program?
- Have you thought about the area in which you would like to specialize? If you have, please indicate.

Part V: SIGNATURE

I understand that withholding information requested on this application, or giving false information may make me ineligible for participation in the MCAT Review Program at the University of Illinois at Chicago, College of Medicine Urban Health Program. I have read this application and certify that the statements I have made on this application are correct and complete to the best of my knowledge.

Print

Signature

Date

We must receive the following required information by **May 16, 2011** for your application to be considered complete. Please read carefully:

1. Please staple your application.
2. Where possible, please mail all application contents together.
3. Have your recommenders mail their letters directly to the school using the address below.
4. Do not forget you also need the following in addition to the application:
 - Official college transcript(s) of all institutions attended.
 - One-page Personal Statement (500 word minimum)
 - Two letters of recommendations (forms are provided).

Please send application, as well as any additional information to:

**UNIVERSITY OF ILLINOIS AT CHICAGO-COLLEGE OF MEDICINE
URBAN HEALTH PROGRAM**

1819 W. Polk Street
145 CMW (M/C 786)
Chicago, Illinois 60612-7333
ATTN: Maria Balcazar

(312) 996-6491 Fax (312) 996-3548

LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the recommender. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

- I waive my right of access to this letter of recommendation
 I do not waive my right of access to this letter of recommendation

 Signature of Applicant Social Security Number Date

Name of Applicant _____

RECOMMENDATION SUMMARY SHEET TO BE COMPLETED BY RECOMMENDER

How well do you know the applicant? Very Well Fairly Well Slightly

How long have you known the applicant? _____

In what capacity have you been associated with the applicant? Instruction Lecture Seminar
 Laboratory Undergraduate academic advising Graduate academic advising Other _____

Rate your opportunity to observe student		PLEASE CHECK YOUR RATINGS
Adequate	Inadequate	
		MOTIVATION: <input type="checkbox"/> Strong, independent decision <input type="checkbox"/> Unusual, outside influence <input type="checkbox"/> Average desire and intentions <input type="checkbox"/> Casual Comment: _____ _____
		PERSONALITY: <input type="checkbox"/> Good <input type="checkbox"/> Objectionable <input type="checkbox"/> Introverted <input type="checkbox"/> Other MATURITY: <input type="checkbox"/> Will mature well <input type="checkbox"/> Mature <input type="checkbox"/> Questionable <input type="checkbox"/> Other Comment: _____ _____
		INDUSTRY: <input type="checkbox"/> Works at capacity for present grades <input type="checkbox"/> Works well, has reserve capacity <input type="checkbox"/> Satisfactory work, not student's best <input type="checkbox"/> Inclined to "get by" Comment: _____ _____

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Rate your opportunity to observe student		PLEASE CHECK YOUR RATINGS				
Adequate	Inadequate					
		COMMUNICATION:	Poor Expression	Verbose	Accurate & Appropriate	
		Oral:	_____	_____	_____	
		Written:	_____	_____	_____	
		Comment:	_____			

		INTEGRITY: [] Recommended Unequivocally [] Questionable [] Poor				
		Comment: _____				

		PERSONAL RELATIONS:	Excessive Attention "Too Eager"	Entirely Appropriate	Minor Difficulties	Poor
		With students in class	_____	_____	_____	_____
		With faculty	_____	_____	_____	_____
		In housing	_____	_____	_____	_____
		Social	_____	_____	_____	_____
		Comment:	_____			

Please submit on a separate sheet of paper any additional comments if necessary.

Please mail this form to UIC College of Medicine, Urban Health Program, 1819 W. Polk Street, Room 145 CMW, (M/C 786), Chicago, IL 60612-7333, Tel: 312-996-6491; Fax: 312-996-3548

My recommendation is:

[] Strong [] With Confidence [] Without Conviction [] I Do Not Recommend

Please print your name _____

Signature _____ Date _____

Position _____ Institution _____

Address _____ City/Zip _____ Phone _____

E-Mail _____