The University of Utah School of Medicine is seeking highly motivated Premedical Undergraduate/Graduate students to participate in a summer program that entails MCAT preparation, and comprehensive application assistance. Students will earn a stipend of $1,800 for the duration of the program.

**Requirements:** Applicants for the program must have a demonstrated interest in medicine and have completed all prerequisites for medical school by the beginning of the program. (For our premed course requirements and admissions info, see: http://medicine.utah.edu/admissions). Students must be able to participate in the program full time with evenings and some weekends from June 5- August 2, 2019. These dates may change slightly, by the time we get everything scheduled.

**Eligibility**
The University of Utah School of Medicine is committed to the recruitment of diverse students knowing that diversity adds to the academic, research, and civic responsibilities of the institution and the community. We therefore seek out students from varied backgrounds including, but not limited to, racial and ethnic minority students from groups underrepresented in medicine in Utah: (Africans and African Americans, American Indians, Alaska Natives, Polynesians including Native Hawaiians, Tongans, Samoans, Filipinos, Tahitians, Maoris, Fijians, Niueans, Palauans; Chicanos/as and Latinos/as including Mainland Puerto Ricans, Mexican Americans, Central Americans, and South Americans), OR those considered economically, socially or educationally disadvantaged according to at least ONE of the following criteria:

- **Economically disadvantaged:** student comes from a family whose annual income falls below the thresholds published in the Federal Register, DHHS. Please attach your parents’ and your personal 2018 federal income tax forms, or 2017 forms if 2018 forms are not available.

- **Socially disadvantaged:** 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 health sciences. This includes, but may not necessarily be limited to students who are in foster care, who will be first generation college students, who are limited by their community setting (rural, inner city or reservation), or who are being reared by a single or a divorced parent.

- **Educationally disadvantaged:** student is not succeeding or is underachieving in school due to a limited proficiency in English; standardized test scores at their school are markedly below other institutions in the area; a financially poor school district; parents or other adults in the household are not high school graduates or have limited English proficiency; or student performance on standardized tests is below national norms.

**Applications must be received by April 1, 2019**
Selected applicants will be notified by April 30, 2019.
To apply, please submit:

☐ The enclosed application form, including premed course list verification

☐ A brief personal statement (approximately one page in length) describing your interest in participating in a Research/Clinical/MCAT Preparation program and your motivation for pursuing medicine

☐ A brief personal statement (one paragraph) describing your eligibility for this program based upon at least one of the criteria listed above (Underrepresented in medicine, social disadvantage, educational disadvantage, and/or economic disadvantage. If your eligibility is based on economic disadvantaged be sure to include your parents’ and your personal 2018 income tax information.).

☐ One academic letter of recommendation from a science faculty member who will attest to your interest and ability in science

☐ One personal letter of recommendation from a faculty member, counselor, employer or community leader who knows you well and can describe your accomplishments and abilities

☐ An official copy of your college transcript(s)

☐ A signed copy of the employment eligibility form (Applications will not be reviewed unless a signed copy of the employment eligibility form is included with your submitted application.)

☐ A brief statement on “Why Utah?”

Applications must be received by Monday April 1, 2019 by 5:00pm MST. Incomplete or late applications will not be considered.
Feel free to contact us if you have any questions regarding eligibility, selection, etc.

Melanie Hooten, Director
Inclusion and Outreach
University of Utah School of Medicine
30 North 1900 East, 1C346
Salt Lake City, UT 84132
Phone (801) 587-7672
melanie.hooten@hsc.utah.edu

This program is made possible by the University of Utah School of Medicine.
Name __________________________________________________________________________

Address _________________________________________________________________________

City, State & Zip ______________________________________________________________________

Preferred Method of Contact: (Email) (Phone)

Daytime Phone (          ) _______________________ Evening Phone (          ) ____________________

Date of Birth _____/_____/_____ E-mail ______________________

Gender: M   F

Grade-level completed
  Circle One: Sophomore Junior Senior Other ______________

School attending or attended__________________________________________________________

Student Information

1. Ethnicity (Please circle all that apply):
   a. African-American/Black
   b. American Indian. Tribal affiliation: ______________________________________________
   c. Asian (please specify) _________________________________________________________
   d. White/European American
   e. Hispanic/Latino (please specify) ______________________________________________
   f. Pacific Islander (please specify) ______________________________________________
   g. Native Hawaiian _____________________________________________________________
   h. Native Alaskan ______________________________________________________________
   i. Other (please state)

2. Which of the following best describes the environment in which you grew up?
   a. Large city
   b. Small city
   c. Suburb
   d. Rural area
   e. Farm/Ranch
   f. Reservation

3. What is the primary language spoken in your home?
   a. English
   b. Spanish
   c. American Indian language (please state) __________________________________________
   d. Asian language (please state) _________________________________________________
   e. Other (please state) __________________________________________________________
4. What is the secondary language, if any, spoken in your home?
   a. English
   b. Spanish
   c. American Indian language (please state) ________________________________
   d. Asian language (please state) _________________________________________
   e. Other (please state) _______________________________________________

5. What is the highest level of education achieved by your mother/legal guardian?
   N/A
   a. Completed high school
   b. Some college
   c. Completed college
   d. Post-graduate work (Master’s, Doctoral or Professional degree)
   e. Other (please state) _______________________________________________

6. What is the highest level of education achieved by your father/legal guardian?
   N/A
   a. Completed high school
   b. Some college
   c. Completed college
   d. Post-graduate work (Master’s, Doctoral or Professional degree)
   e. Other (please state) _______________________________________________

7. Please state the main type of work your mother/guardian does: ________________________________

8. Please state the main type of work your father/guardian does: ________________________________

Program Placement & Experience Information

Patient Exposure Experience
Clinical Interests: (Please state the fields you are interested in: pediatrics, orthopedics, etc.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Have you participated in or are currently working/volunteering in a clinical setting?  Yes  No
If yes, please describe your involvement and list the dates and hours you worked/volunteered. Please specify if it was paid or unpaid (volunteer).

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Physician Shadowing Experience
Have you participated in or are currently shadowing physicians (MD/DO)?  Yes  No
If yes, please state who you shadowed, what area of specialty, when and number of hours.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Research Experience
Have you participated in or are currently conducting hypothesis-based research? Yes  No
If yes, please state the person with whom you worked the nature of your research, and dates.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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__________________________________________________________________________________________________

Please indicate research interests below.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Leadership Experience
Have you participated in or are currently involved in leadership activities? Yes  No
(Examples of leadership experiences: mentoring, coaching, teaching, manager, student government, etc.)
If yes, please list the experience(s), duration of leadership role and dates.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Volunteer/Community Service Experience
Have you participated in or are currently involved in volunteer/community service activities? Yes  No
(Volunteer is considered an activity in which you receive NO compensation or reward no matter how small. Please include the volunteer clinical activities you already stated under the patient exposure experience section if applicable.) If yes, please list the experience(s), amount of hours given and dates.
__________________________________________________________________________________________________
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Extracurricular Experiences
What do you do for fun?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Have you previously taken the MCAT? Yes  No
If yes, what month & year?
__________________________________________________________________________________________________
__________________________________________________________________________________________________

What were your scores? (Please list each section separately.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Have you previously taken a prep course? Yes  No  If yes, which one
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Please explain what you found most/least helpful from the prep course
__________________________________________________________________________________________________
__________________________________________________________________________________________________
In order to be considered for the program, the following courses must be completed prior to the start of the program. Please fill in the form below so we can verify your courses. Questions? Please visit: http://medicine.utah.edu/admissions

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<thead>
<tr>
<th>Required Course</th>
<th>Credit(s)</th>
<th>Semester you took it</th>
<th>Grade earned</th>
<th>Course name (if different)</th>
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<tr>
<td>Diversity class</td>
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<td>Any biology course</td>
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<td>Cellular Biology OR Biochemistry</td>
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<td>General Chemistry Lab II</td>
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Cumulative GPA: ____________
Science GPA (All biology, chemistry, math, & physics courses): ____________
(Please note that due to our state regulations we only consider students with both a cumulative AND science GPA of 3.0 and above.)

From whom can we expect your letters of recommendation?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
I certify that the information provided on this form is true to the best of my knowledge. I understand that this application will be reviewed by the selection committee.

Signed _____________________________________________  Date _____/_____/_____


Employment Eligibility Verification

Section 1. Employee Information and Verification (All participants in this program are hired by the University of Utah to work as temporary, part-time employees.)

Name __________________________________________________________

Address _________________________________________________________

City, State Zip Code _______________________________________________

Telephone Number (          ) ________________________________

Date of Birth __________/________/________

Social Security Number __________ - ________ - _________

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest under penalty of perjury, that I am (check one of the following):

☐ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien # A _________________________)
☐ An alien authorized to work until __________/________/________
   (Alien # or Admission # ________________________________)

Signed ___________________________ Date _____/_____/_____