



Medical Leaders of Tomorrow

Summer 2018

A program for high school students aspiring for health careers

Student Name (First & Last): _____
High School: _____

APPLICATION INSTRUCTIONS AND PROGRAM INFORMATION

MLT Goal

Medical Leaders of Tomorrow (MLT) is a free, one-week residential summer program for 40 students who have just finished the ninth grade ('rising' sophomores) in Inland Southern California. MLT will provide students with early exposure to health careers and tools to successfully achieve their educational and career goals. Students will hear presentations on science and health care topics, build study skills through workshops, participate in leadership and team building activities, take laboratory and clinic tours, and learn about college admissions.

Full Scholarships

There are no fees for participating in this program. A partnership between participating school districts and the UCR School of Medicine will provide scholarships for all students to participate in the program and receive one week of housing and meals at the residence halls. MLT will provide a team of Project Leaders who will provide supervision at all times. MLT students will complete a team project about community health and the Project Leaders will guide students to successfully complete their team assignment. Project Leaders are successful premedical and medical students selected by the MLT faculty and staff to be mentors, role models, and resident assistants for the high school students.

Program Dates: July 22 - July 28, 2018 (Riverside County high school students)

Eligibility:

To be eligible for the Medical Leaders of Tomorrow Program, students must meet **all** of the criteria described in this list:

1. Be a high school freshman for spring semester 2018.
2. Attend a high school partnering with Medical Leaders of Tomorrow for 2018.
3. Have a strong interest in the health professions and science.
4. Be from an educationally and/or socio-economically disadvantaged background.

Application Procedures/Instructions

- Fill out the program application.
- Make sure that your parent/guardian signs the application.
- Make sure that you sign the application.
- Type or write the personal essay on a separate paper and attach it to the application.
- Please call the program office if you have questions about Medical Leaders of Tomorrow.

Application Deadline: April 30, 2018

Medical Leaders of Tomorrow



Student Application

Student Contact Information

Name: _____
FIRST MIDDLE LAST

Home Address: _____
STREET

_____ CITY STATE ZIP CODE

Mailing Address*: _____
STREET

_____ CITY STATE ZIP CODE

(*provide only if different than your home address)

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Date of Birth: ____/____/____ Place of Birth: _____
CITY/STATE/COUNTRY

Parent/Guardian Contact Information

Contact Name: _____

Relationship to Student: _____

Phone Number: _____ Email: _____

Transportation Information

MLT participants will live at the UCR Aberdeen-Inverness Residence for the entire program. Please tell us about your transportation plans and/or needs to get to and from UCR for move-in and move-out.

- Parent/Guardian will provide transportation I need transportation assistance
 Other, please describe: _____

Student Name (First & Last): _____
High School: _____

Background Information

Gender: Female Male

What is your race or ethnic makeup? Please check all that apply

- African American or Black American Indian or Alaska Native Asian
 Native Hawaiian or Other Pacific Islander White Hispanic or Latino
 Other (please write in): _____

What was the first language you learned at home? _____

List all language(s) spoken in your home. _____

Parents/Guardians' place of birth:

Mother/Female Guardian: _____

Father/Male Guardian: _____

What is your Parents' Highest Level of Education?

Mother/ Female Guardian:

- Less than High School Associate's Degree
 High School Diploma or Equivalency Bachelor's Degree
 Some College, but no degree Graduate/Professional Degree
 Trade School

Father/Male Guardian:

- Less than High School Associate's Degree
 High School Diploma or Equivalency Bachelor's Degree
 Some College, but no degree Graduate/Professional Degree
 Trade School

What are your Parents'/Guardians' occupation?

Mother/ Female Guardian: _____

Father/ Male Guardian: _____

Student Name (First & Last): _____
High School: _____

Academic History/School Experience

Will you be a sophomore in Fall 2018? Yes No

High School GPA: _____

List the math, science, and English classes taken in first semester, freshman year with the grades:

Math: _____
CLASS NAME GRADE

Science: _____
CLASS NAME GRADE

English: _____
CLASS NAME GRADE

Have you ever participated in any of the following programs? You may checkmark programs that you have been accepted to join for your sophomore year of high school. *Please check all that apply.*

- Health Academy (for example: Allied Health, Health Services Academy, H.E.A.R.T and Medical Pathology Academy)
- Kaiser Permanente Hippocrates Circle
- UCR Health Sciences Partnership (HSP)
- Succeed Aspire Experience Learn (S.A.E.L), San Bernardino
- Advancement Via Individual Determination (AVID)
- Early Academic Outreach Program (EAOP)
- Mathematics Engineering Science Achievement (MESA)
- Upward Bound
- Advanced Placement Courses or International Baccalaureate Courses
- Honors Courses
- Summer science, engineering or math program
- Other (please list): _____

Student Name (First & Last): _____
High School: _____

Extracurricular Activities

List your extracurricular activities including leadership positions. (Attach additional sheet if needed)

<u>ACTIVITY/TITLE</u>	<u>DATES</u>	<u>AMOUNT OF TIME (HRS/WK)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer & Community Service (Attach additional sheet if needed)

List your volunteer and community service work.

<u>TITLE</u>	<u>DATES</u>	<u>LOCATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Commitments (Attach additional sheet if needed)

List the activities, family commitments, or hobbies you participate in before and/or after school or on weekends. Only list activities, hobbies, and commitments you did not list above.

<u>TITLE</u>	<u>LOCATION</u>	<u>AMOUNT OF TIME (HRS/WK)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Awards (Attach additional sheet if needed)

List any honors or awards you have received.

<u>TITLE</u>	<u>DATE</u>	<u>ORGANIZATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Name (First & Last): _____
High School: _____

How did you hear about the Medical Leaders of Tomorrow opportunity? *Please check all that apply.*

Teacher Guidance Counselor School friend Parent(s) Mentor(s)

Email Community Fair Other (please describe): _____

Personal Essay

Please type or write (legibly) a one page essay describing yourself, your family, your community, your future goals and what you hope to learn from participating in Medical Leaders of Tomorrow. When you write this essay please include challenges or barriers you have had in trying to achieve your goals and also describe some successes you have had.

Attach your completed essay to this application.

Signatures

I agree that all information above is about me and is true to the best of my knowledge.

Applicant Signature: _____ Date: _____

I agree that all information above about my son/daughter is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____