

**JOAN AND SANFORD I. WEILL CORNELL MEDICAL COLLEGE
STUDENT NATIONAL MEDICAL ASSOCIATION
HEALTH PROFESSIONS RECRUITMENT AND EXPOSURE PROGRAM
(HPREP)**

Instruction Sheet

The Student National Medical Association (SNMA) is searching for motivated, underrepresented, minority 10th and 11th grade high school students who are interested in the sciences to participate in the 2016 HPREP program.

The program consists of ten (10) two and a half hour sessions held on Friday afternoons during the months of January, February, and March. Students will attend lectures given by physicians at The Joan and Sanford I. Weill Cornell Medical College. They will also participate in small group workshops led by Weill Cornell medical students. All participants will be required to submit a research paper on an approved topic of interest in medicine at the conclusion of the program. At the end of the program, two participants will receive a College Book Scholarship, to be used during their first year of college enrollment.

To apply the following items must be submitted in a timely manner:

- A completed application form
- An official copy of the student's transcript
- Two 250-500 word essays typed in Times New Roman (or equivalent) 12-point font, printed in black ink on plain white paper.

Topic 1: An essay answering these questions: Why are you applying to HPREP? What are your future goals and how do you think HPREP will help you in your future endeavors?

AND

Topic 2: An essay about **ONE** of the following:

- 1) Evaluate a significant experience, achievement, risk, or ethical dilemma you have faced and its impact on you.
- 2) Discuss an issue of personal, local, national, or international concern and its importance to you.
- 3) Indicate a person who has had a significant influence on you, and describe that influence.
- 4) Describe a character in fiction, an historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
- 5) Describe an encounter that demonstrated the importance of diversity to you.

- One letter of recommendation from a science teacher or guidance counselor who has known the student for at least one year

AND

- One letter of recommendation from the following:

A non-science teacher, a supervisor of a community service or volunteer organization in which you are a member, a community leader, an employer, or a family acquaintance.

**THESE ITEMS MUST BE POSTMARKED NO LATER THAN
Friday, October 30, 2015
IN ORDER TO BE CONSIDERED FOR THE 2016 HPREP PROGRAM**

Please send all items to:

Joan and Sanford I. Weill Cornell Medical College
Office of Community Service
445 East 69th Street, Room 208
New York, NY 10021-5664
Attn.: Ms. Sahira Torres

All students will be notified of acceptance status by early December. For further information contact Ms. Sahira Torres at (212) 746-3390.

Please turn over for application form

**Student National Medical Association
Weill Cornell Medical College
Health Professions Recruitment and Exposure Program
2016 APPLICATION FORM**

Please type or print legibly in black or blue ink.

STUDENT INFORMATION						
<i>Last Name</i>	<i>First Name</i>	<i>Middle I</i>	<i>DOB (mm/dd/yyyy)</i>	<i>Grade</i> <input type="checkbox"/> 10th <input type="checkbox"/> 11th	<i>Sex</i> <input type="checkbox"/> M <input type="checkbox"/> F	<i>Age</i>
<i>Home Address (Include APT number)</i>				<i>City, State</i>		<i>Zip Code</i>
<i>How would you describe yourself?</i> <input type="checkbox"/> Black / African American <input type="checkbox"/> Mainland Puerto Rican <input type="checkbox"/> Mexican American <input type="checkbox"/> Native American <input type="checkbox"/> West Indian				<input type="checkbox"/> Other Hispanic (please specify) _____ <input type="checkbox"/> Other (please specify) _____		<i>Email Address</i>
				What is your native language?		
SCHOOL INFORMATION						
<i>School Name (Please Print the Official Name)</i>						
<i>School Address</i>			<i>City, State</i>		<i>Zip Code</i>	<i>School Phone Number</i>
<i>Honors received during high school:</i>						

<i>Describe your involvement in extracurricular, community, or school activities:</i>						

If you are employed while in school, please describe the type of work and the approximate hours you work per week.						

FUTURE PLANS / GOALS						
What do you plan to do after you finish high school? <input type="checkbox"/> Attend College <input type="checkbox"/> Work <input type="checkbox"/> Undecided <input type="checkbox"/> Other (please specify) _____						
ESSAYS						
Write two 250 – 500 word essays, one essay on EACH topic listed below. All essays must be typed and enclosed with the application. Put your name on your essays.						
Topic 1: In essay format, answer the following questions: Why are you applying to HPREP? What are your future goals and how do you think HPREP will help you in your future endeavors.						
AND						
Topic 2: See Instruction Sheet for topics						
DECLARATION						
TO APPLICANT: Please read carefully and sign this statement. I declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any false information given will disqualify me from participation in the program. Also, I am aware that I must submit an official copy of my school transcript, two essays and two letters of recommendation that meets the requirements listed on the instruction sheet (please see reverse side). I understand that attendance is required for all ten (10) sessions, beginning at 4:15 P.M., in order to complete the program.						
<i>Applicant Signature</i>				<i>Date</i>		
TO PARENT OR LEGAL GUARDIAN: Please read carefully and sign this statement.						
I, _____ grant my permission for the above named minor to apply to the HPREP Program, which consists of ten Friday sessions from 4:15-6:30PM. I understand attendance is required for all sessions in order to complete the program, should he/she be accepted.						
<i>Guardian Signature</i>				<i>Date</i>		

Please turn over for instruction sheet