**2017 Biomedical Career Advancement Program**

Students will be matched with a senior faculty mentor at Wayne State University School of Medicine and assigned independent research projects. Students will engage in round table discussions to discuss their research, career interests, and gain exposure to various biomedical professions. Students will learn about financial aid and admissions into Wayne State University and the various programs offered in the biomedical sciences. Students are required to present a poster presentation at WSU-SOM’s Annual Research Symposium. Students will receive a $1,500 stipend for their involvement.

**Eligibility requirements include**: DPSCD student, rising junior or rising senior, interested in biomedical or health sciences, minimum GPA 3.0, complete program application and all supporting documentation.

**Applications and all supporting documents (e.g., transcripts, recommendations etc.) must be received by April 28, 2017, at 5:00 p.m.**

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: |  | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | Date: | | |  | | | | | | |
| Last | | | | | | | | | | | | | | | | | | First | | | | | | | | | M.I. | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | | | | | | ZIP Code | | | | | |
| Home Phone: | (     ) | | | | | | Cell Phone: | | | | | | (     ) | | | | | | | | Emergency Contact Phone: | | | | | | | | | | | | | | | | (     ) | | | | | |
| Date of Birth: |  | | | | | | | | | | | | | E-mail Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Best Way to Contact You: | | | | | | MAIL | | | | | | | | | E-MAIL | | | | | | | | | | PHONE | | | | | | | | | | TEXT MESSAGE | | | | | | | |
| Gender: | MALE | | | | | FEMALE | | |  | | | | | | | | | | | Are you of Hispanic/Latino descent? | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Race: | White/Caucasian | | | | | | | | | American Indian or Alaskan Native | | | | | | | | | | | | | | | | | | | | | | | | Asian | | | | | | | | |
|  | Black/African American | | | | | | | | | Native Hawaiian or Other Pacific Islander | | | | | | | | | | | | | | | | | | | | | | | | More than one race | | | | | | | | |
|  |  | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |
| Parent/Guardian Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Mother/Guardian: | | | |  | | | | | | | | | | | | | | Name of Father/Guardian: | | | | | | | | | | | |  | | | | | | | | | | | | |
| Employer: | | | |  | | | | | | | | | | | | | | Employer: | | | | | | | | | | | |  | | | | | | | | | | | | |
| E-mail Address: | | | |  | | | | | | | | | | | | | | E-mail Address: | | | | | | | | | | | |  | | | | | | | | | | | | |
| Phone Number: | | | | (     ) | | | | | | | | | | | | | | Phone Number: | | | | | | | | | | | | (     ) | | | | | | | | | | | | |
| Is your mother/guardian a high school graduate? | | | | | | | | | | | YES | | | | | NO | | Is your father/guardian a high school graduate? | | | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Is your mother/guardian a college graduate? | | | | | | | | | | | YES | | | | | NO | | Is your father/guardian a college graduate? | | | | | | | | | | | | | | | | | | | | | YES | | NO | |
| Can you answer yes to any of the following?  Yes  No   * You are (or will be) the first generation in your family to attend college. * You have or currently receive Scholarship or Loan for Disadvantaged Students * While growing up, you or your family ever used federal or state assistance programs (e.g., Free or reduced school lunch, subsidized housing, food stamps, Medicaid, etc.) * While growing up, you lived where there were few medical providers at a convenient distance. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School: |  | | | | | | | | | | | | | | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | | |
| Last Semester GPA: | | |  | | | | | | | | | | | | | | | Cumulative GPA: | | | | | | | |  | | | | | | | | | | | | | | | | |
| Grade Level: | | |  | | | | | | | | Anticipated Date of Graduation: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **I give DPSCD permission to release my transcript to the Michigan Area Health Education Center to evaluate my eligibility for the Biomedical Career Advancement Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Initial)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Interest in a Healthcare Career | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Include personal statement:** This statement should describe your career interests and goals in science research and include type(s) of degree(s) you wish to pursue, and how specific people, experiences and your personal background have influenced your personal development and interest in science. Highlight hardships that you have had to overcome, specific opportunities, mentors, role models, etc. Your statement should be 1,000 words or less. Include statement with application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you attended any outreach educational programs related to medicine? If yes, describe them below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | NO |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Were you or are you enrolled in any of the following programs? (Check all that apply.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Detroit Compact | | | | | | | | | | | | | | YES | | | NO | | King-Chavez-Parks | | | | | | | | | | | | | | | | | | | | YES | | | NO |
| Gifted and Talented | | | | | | | | | | | | | | YES | | | NO | | Talent Search | | | | | | | | | | | | | | | | | | | | YES | | | NO |
| Health Occupations Students of America (HOSA) | | | | | | | | | | | | | | YES | | | NO | | Upward Bound | | | | | | | | | | | | | | | | | | | | YES | | | NO |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
| Have you completed or are you enrolled in any Advanced Placement academic courses? (This does not include Honors classes. If yes, please list your AP classes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | NO |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check the **three** disciplines below that interest you?   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Allied Health (occupational/physical therapy etc.) |  |  | Medicine | |  | Behavioral/Mental Health |  |  | Nursing | |  | Biomedical Research |  |  | Pharmacy | |  | Dentistry |  |  | Physician Assistant | |  | Environmental Health |  |  | Public Health | |  | Health Disparity |  |  | Social Work | |  |  |  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What laboratory instruments/equipment do you have experience with? (Check all that apply)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Centrifuge |  |  | pH Meter | |  | Water Bath |  |  | Vortexer | |  | Fume Hood |  |  | Microscope | |  | Biosafety Cabinet |  |  | Incubator | |  | Autoclave |  |  | Pipettor | |  | Balance |  |  | Graduate Glassware (e.g., beakers, flasks, etc.) | |  |  |  |  | Other |     What laboratory techniques do you have experience with? (Check all that apply)   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Polymerase Chain Reaction (PCR) |  |  | Calculating / Making Solution / Dilutions | |  | Enzyme Linked Immunosorbent Assay (ELISA) |  |  | Western / Northern Blotting | |  | Cell Culture |  |  | Protein Analysis | |  | Microscopy |  |  | Bacterial Cultures | |  | Flow Cytometry |  |  | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Volunteer Experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List your community service and volunteer activities. Describe your duties and responsibilities. Indicate whether you held any leadership positions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Work Experience | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Organization: | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (     ) | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsibilities: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | |  | | | To: | | |  | | | | Reason for Leaving: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | |
| Organization: | |  | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | (     ) | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | Supervisor: | | | |  | | | | | | | | | | | | | | |
| Job Title: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Responsibilities: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From: | |  | | | To: | | |  | | | | Reason for Leaving: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Recommendations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You will need two letters of recommendation on your behalf. Recommendation letters can be from a school teacher or counselor (on school letterhead), community recommendation (on organization letterhead) or from a trusted family member.  **All letters must include the recommender contact’s information and be signed by them in ink.**  **Include the letters with this application; do not send them separately.**  *The recommendation should address the student's academic abilities and potential to pursue a career in the biomedical science field. Recommender should highlight any laboratory/research skills.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Statement of Responsibility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If I am accepted into the program, I will:   * Be punctual—arrive and leave on time * Attend all sessions and activities * Notify my supervisor if an emergency prevents me from attending a session or activity * Adhere to the dress code * Perform tasks assigned by my supervisor * Treat everyone, including supervisors, support staff, custodians, patients, and fellow students, courteously and with respect * Respect confidentiality concerns of patients * Complete the required physical exam and drug screening procedure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student’s Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | | | | | |
| Parent/Guardian’s Signature: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |  | | | | | | |
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| Media Release | | | |
| *The Michigan Area Health Education Center (MI-AHEC) needs participant/student and parent permission to use a person’s photograph, voice, and/or name in media projects. Please review the information below, provide the information requested, and date and sign where indicated.*  I hereby grant the Michigan Area Health Education Center or its designee permission to photograph, videotape, and/or interview me and/or my minor child and to reproduce my name or that of my child. I understand that any photographs, movies, video recordings, audio recordings, presentations, interviews, and other media content will become the property of MI-AHEC and that MI-AHEC may use this media content for public view. I also hereby consent and grant MI-AHEC the right to edit, copyright, exhibit, publish, and use these images and recordings products for non-profit purposes, including use in articles and other print materials, on the Internet, and in all other forms of media. I understand that media content may be used by MI-AHEC for educational, instructional, or promotional purposes in broadcast and electronic formats that currently exist or that may be created in the future.  I understand that I and/or my child will not receive any compensation, and I waive any further reimbursement regardless of the number of times the appearance, image, or voice is used or rebroadcast. I hereby release MI-AHEC and its employees, agents, or designees from all claims, demands, and liabilities whatsoever in connection with or arising from the use of said media content (e.g., photos, videos, audio clips, etc.).  Please check one of the options below.  ☐ Yes, I give my consent. ☐ No, I do not give my consent. | | | |
| Student’s Signature: |  | Date: |  |
| Parent/Guardian’s Signature: |  | Date: |  |
|  | | | |

How did you find out about the High School Biomedical Career Advancement Program? (Check all that apply.)

|  |  |
| --- | --- |
| Parent/Guardian | MI-AHEC Website |
| Friend | Wayne State University Website |
| Radio | Television |
| Social Media (Facebook, Twitter etc.) | Brochure / Printed Material |
| School Staff (teacher, counselor, principle) | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

What will you do this summer if you are not accepted into the Biomedical Career Advancement Program?

**APPLICATION CHECKLIST**

***Printed Applications***

**All** items below must be included with your printed application packet. Do not mail items separately. Incomplete or partial applications will not be considered.

A completed application. Make sure you provided all information requested.

A personal Career Goals Statement. (1,000 words or less)

A letter of recommendation on school letterhead from a teacher or counselor.

A letter of recommendation on organizational letterhead from a community individual or trusted family member.

You and your parent/guardian have read, agree to adhere to and sign the Statement of Responsibility.

You and your parent/guardian have read and signed the Media Release.

**Please remember to give permission for your transcript to be released in the Education section of this application**.

**Applications and all supporting documents (e.g. recommendations, personal statement etc.) must be received by April 28, 2017 at 5:00pm.**

**Incomplete applications will not be considered.**

2017 Biomedical Career Advancement Program

c/o Michigan Area Health Education Center

4201 St. Antoine, Suite 9A, Box 325

Detroit, MI 48201

Website: http://miahec.wayne.edu

Got questions? Give us a call: 313.577-5161

**An online version of this application is available at:** [**http://miahec.wayne.edu**](http://miahec.wayne.edu)

**Please visit the website for complete details regarding the online application submission process.**