



Financial support for this program has been provided by the Detroit Wayne Mental Health Authority.

## 2018 Biomedical Career Advancement Program

Students will intern with a senior faculty mentor at Wayne State University School of Medicine and assigned independent research projects. Students will engage in group 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 make a research presentation at the end of the program. Students will receive a \$1,500 stipend for their involvement.

**Eligibility requirements include:** Detroit Public School Community District student, rising junior or rising senior, interested in biomedical or health sciences, high school transcript 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 Friday, March 2, 2018, at 5:00pm**

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ 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: \_\_\_\_\_

Last Semester GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_

**Please remember that you must submit a copy of your current high school transcript.**

### Personal Career Goals Statement

**Guidelines:** This statement should describe your career interests and goals biomedical science or scientific 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 any hardships that you have had to overcome. Your statement should be 1,000 to 1,500 words. Include statement with application.

### Interest in a Healthcare Career

Have you attended any outreach/summer educational programs related to a health care career? If yes, describe them below. YES  NO

Please rank, by using 1, 2 or 3 the **three** disciplines below that interest you? **Choose only 3**

- |  |                           |
|--|---------------------------|
| _____ Allied Health (occupational/physical therapy etc.) | _____ Nursing             |
| _____ Biomedical Engineering                             | _____ Pharmacy            |
| _____ Biomedical Research – laboratory research          | _____ Physician Assistant |
| _____ Biomedical Research – human subject research       | _____ Public Health       |
| _____ Dentistry  | _____ Social Work         |
| _____ Medicine   | _____ Survey design       |
| _____ Nursing  | _____ Other:              |

### Volunteer Experience

List your community service and volunteer activities. Describe your duties and responsibilities. Indicate whether you held any leadership positions.

### 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: \_\_\_\_\_

### 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).*

*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.*

***All letters must include the recommender contact's information and be signed by them in ink.***

### Statement of Responsibility

**Students may not take academic classes or be engaged in other activities that would prevent them from attending all training sessions and adhering to a regular daytime work schedule. Currently the schedule work schedule will be 9am – 3pm Monday thru Friday**

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
- Minimize cell phone usage at all times

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.)

- |   |   |
|---|---|
| <input type="checkbox"/> Parent/Guardian                              | <input type="checkbox"/> MI-AHEC Website                |
| <input type="checkbox"/> Friend                                       | <input type="checkbox"/> Wayne State University Website |
| <input type="checkbox"/> Radio  | <input type="checkbox"/> Presentation                   |
| <input type="checkbox"/> Social Media (Facebook, Twitter etc.)        | <input type="checkbox"/> Brochure / Printed Material    |
| <input type="checkbox"/> School Staff (teacher, counselor, principle) | <input type="checkbox"/> Other: _____                   |

If accepted as an intern for the 2018 Biomedical Career Advancement Program, how will you plan to arrive to your work location?  
**(Please check all that apply)**

- I plan to drive daily and will park on campus
- I plan to catch the bus daily
- I will be dropped off by family member or a friend

## 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 copy of your high school transcript.
- A personal Career Goals Statement. (1,000 – 1,500 words)
- A letter of recommendation on school letterhead from a teacher or counselor.
- A letter of recommendation on organizational letterhead from a community individual.
- You and your parent/guardian have read, agree to adhere to and sign the Statement of Responsibility.

**Applications and all supporting documents (e.g. recommendations, personal statement etc.) must be received by March 2, 2018 at 5:00pm.**

**Incomplete applications will not be considered.**

2017 Biomedical Career Advancement Program  
c/o Southeast Regional Center of  
Michigan Area Health Education Center  
559 West Grand Boulevard  
Detroit, MI 48216  
Website: <http://miahec.wayne.edu>

Got questions? Give us a call: Sam Young, 313.625-1369  
FAX: 313.899.3560

**An online version of this application is available at: <https://miahec.wayne.edu/programs/biomed>.  
Please visit the website for complete details regarding the online application submission process.**