



## Future Physicians Summer Enrichment Program Application

### Basic Program Requirements:

- Applicant must have a minimum overall GPA of 2.5 on a 4.0 scale
- Must currently be a high school sophomore, junior, or senior at the time of application submission
- Completion of Application Form and Application Essay
- Signed parental consent if under the age of 18
- Official copy of transcripts
- Two sealed letters of recommendation from current teachers, counselors, or school administrators
- Non-refundable \$25 application fee (Money order or check accepted only and made payable to "Oakland University." Cash will not be accepted.)

### Priority will be given to applicants who also meet one or more of the following criteria:

- Come from a disadvantaged background as defined by the U.S. Department of Education
- Under-represented individuals in medicine and engineering (e.g. Female, African American, Latino, Native American, and Southeast Asian)
- Diagnosed with a disability that substantially limits one or more major life activities

**Application is due March 15, 2017. Late or incomplete applications will not be accepted.**

Mail completed application and application fee to:

**Diversity & Inclusion  
Future Physicians Summer Enrichment Program  
Oakland University William Beaumont School of Medicine  
500 O'Dowd Hall, 586 Pioneer Dr., Rochester, MI 48309**

Personal Information (Please Print)											
Name (Last, First, MI):	Date of Birth (mm/dd/yy):										
Street Address:											
City, State, Zip:											
E-mail Address:											
Primary Phone #:	<input type="checkbox"/> Home <input type="checkbox"/> Cell										
Which method would you prefer to be contacted? <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone number											
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer										
Are you a U.S. Citizen or a Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No											
You must be a U.S. Citizen or a Permanent Resident to participate in this program. For non-U.S. Citizens, please make a copy of your Permanent Resident Card (green card) and attach to the application.											
Race/Ethnicity: <table border="0"><tr><td><input type="checkbox"/> American Indian or Native American</td><td><input type="checkbox"/> Asian</td></tr><tr><td><input type="checkbox"/> Black or African American</td><td><input type="checkbox"/> Hispanic or Latino</td></tr><tr><td><input type="checkbox"/> Native Hawaiian or other Pacific islander</td><td><input type="checkbox"/> White</td></tr><tr><td><input type="checkbox"/> Biracial</td><td><input type="checkbox"/> Southeast Asian</td></tr><tr><td><input type="checkbox"/> Arab American</td><td><input type="checkbox"/> Other (please specify)</td></tr></table>		<input type="checkbox"/> American Indian or Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or other Pacific islander	<input type="checkbox"/> White	<input type="checkbox"/> Biracial	<input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Arab American	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> American Indian or Native American	<input type="checkbox"/> Asian										
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<input type="checkbox"/> Native Hawaiian or other Pacific islander	<input type="checkbox"/> White										
<input type="checkbox"/> Biracial	<input type="checkbox"/> Southeast Asian										
<input type="checkbox"/> Arab American	<input type="checkbox"/> Other (please specify)										
If selected for the program, will you need pre-arranged travel to/from campus? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Do you have basic computer skills (i.e. Microsoft Word, Microsoft PowerPoint, Prezi, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No											

## Education

High School Name:

Address, City, State:

Expected Graduation Date:

Current Academic Classification (Sophomore/Junior/Senior)

Grade Point Average:

## Extra Curricular Activities

Activity:

Dates of Participation:

Activity:

Dates of Participation:

Activity:

Dates of Participation:

**Please add additional sheets, if necessary.**

### Application Essays:

**Type your response to the following questions on a separate sheet of paper and submit with your completed application. Please limit response to each question to 500 words.**

1. Why you are interested in this program and what unique characteristics do you bring to the program?
2. What events have helped shape your desire to learn more about medicine and bioengineering? Please describe.

### Application Consent

I attest that all information in this application is true. I understand that any misrepresentation or falsification of the content submitted will result in the rejection of my application and/or subsequent dismissal from the program. I understand that the information contained in this application is confidential and will only be used by Oakland University William Beaumont School of Medicine, Oakland University Public School Academy, and Oakland University School of Engineering and Computer Sciences for review and selection purposes.

☐ I agree

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature if under 18:** \_\_\_\_\_ **Date:** \_\_\_\_\_