



SAMUEL MERRIT UNIVERSITY, JULY 10 - 21, 2017

## STUDENT APPLICATION

Applications must be typed or printed neatly and legibly. Use black or blue ink only! All applications must be submitted to our office by **5:00 PM PST on April 14, 2016**. Incomplete and late applications will not be considered.

Applications must be submitted with a **\$35 processing fee**. You can pay via PayPal on our website or attach a check and send to *Public Health Institute, FACES for the Future Coalition, 555 -12th Street, 10th Floor, Oakland, CA 94607*.

### PART A: APPLICATION CHECKLIST

A completed application submission should include all of the following items:

- Student Application- Completed & Signed
- School Transcript
- Academic Recommendation- Completed & Signed
- Payment of \$35 for application fee

You have the options to submit your application through mail to the address stated above, through email to [angela.thai@facesforthefuture.org](mailto:angela.thai@facesforthefuture.org) or apply online instead by visiting our website at [www.facesforthefuture.org](http://www.facesforthefuture.org).

### PART A: STUDENT INFORMATION

Full Name: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_ Current Unw. GPA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F Trans Other: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

## PART B: SHORT ESSAYS

1. Describe in 300 words or less your motivation for wanting to be in this program.
2. Write in 300 words or less about someone you admire. What is his/her most notable characteristic, and why?
3. Write in 300 words or less about a time when you had to overcome a challenge in your life, and how you dealt with it.
4. Describe in 300 words or less a time when you had to make a difficult decision that affected someone else. What did you have to consider, what did you do, and what did you learn?

## PART C: BACKGROUND INFORMATION

1. Please provide a resume or briefly list your extracurricular, volunteer, and/or employment experiences (including roles, responsibilities and length of time of commitment), as well as any awards or honors that you have received during high school.
2. Please provide a copy of your most current academic transcript (unofficial copies are acceptable).

## PART C: ACKNOWLEDGEMENT

I have read and understand the information about the FACES Summer Medical Academy being held from July 10-21, 2017 at Samuel Merritt University. In submitting my application, I commit to meeting the expectations of the program including availability, effort and responsibility. I understand that my application is not complete without BOTH my signature and my parent/guardian's signature. I am not signing for my parent/guardian.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

In partnership with:



A project of:





SAMUEL MERRIT UNIVERSITY, JULY 10 - 21, 2017

## ACADEMIC RECOMMENDATION

This form may be completed by any reference familiar with a student's work in the academic setting (professor, TA, advisor, etc.). Your input will be very helpful in determining if this applicant can meet the standards of the program. Use black or blue ink only!

Please return your recommendation to the student applicant as completed applications must be in our office by **5:00 PM PST on April 14, 2017**. You can also submit your recommendation on-line by visiting our website at [www.facesforthefuture.org](http://www.facesforthefuture.org).

### PART A: APPLICANT INFORMATION

Applicant's Full Name: \_\_\_\_\_

Recommender's Name: \_\_\_\_\_

High School: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Recommenders 's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PART B: RECOMMENDATION

1. How long have you know the applicant? \_\_\_\_\_

2. In what classes have you taught him/her? Under any other circumstances?  
\_\_\_\_\_

3. Please check how you rate the applicant's characteristics and motivation:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Somewhat Agree</b>	<b>Disagree</b>
Has positive attitude				
Demonstrates leadership				
Self-starter, has intellectual				
Is highly motivated				
Able to ask for help				
Takes responsibility for own actions				

1. Please describe the applicant's initiative, resiliency and/or leadership potential that you have observed.

2. Please describe the applicant's academic performance, including attendance, attitude and responsibility.

3. Please describe whether the applicant demonstrates a level of maturity and academic preparedness that is consistent with a strong potential for success in college and in a medical career. Describe any concerns you may have.

4. Please comment on the applicant's potential for overall success in this program.

5. Is there additional information you feel would assist the FACES Summer Medical Academy in evaluating the applicant for admission?

In partnership with:



A project of:

