September 24, 2012

Dear Student:

The Harvard Medical School Minority Faculty Development Program of the Office for Diversity Inclusion and Community Partnership and the Biomedical Science Careers Program (BSCP) wish to invite you to join us for “Skills Workshops for College Students and High School Seniors, Juniors and Sophomores” on Saturday, November 17, 2012 from 8:00 AM to 4:30 PM. The workshops will take place at the Harvard Medical School Daniel C. Tosteson Medical Education Center located at 260 Longwood Avenue in Boston.

Purpose of “Skills Workshops for College Students and High School Seniors, Juniors and Sophomores”
The objective of the “Skills Workshops for College Students and High School Seniors, Juniors and Sophomores” is to provide post-baccalaureates; college and community college students; and high school seniors, juniors and sophomores from underrepresented populations in medicine and science (particularly African Americans, Hispanics/Latinos and Native Americans/Alaska Natives) with concrete information on skills needed for success in their academic career. Some of the topics covered will be: Application Process for Medical/Graduate/Professional Schools, Application Process for College, Interviewing Skills, Tips for Resume and Personal Statement, Financial Aid, Transferring from a Two- to Four-Year College and Internship/Summer Opportunities. Please inform your parents/caregivers that there will be an optional informational session (at no cost) for them from 8:30 AM to 10:30 AM at the same location. They must register by returning the enclosed invitation form.

Registration
The application deadline is October 17, 2012. Applications will only be accepted as long as there is space available. Because of the space limitation, there will absolutely be no on-site registrations accepted on the day of the event; all participants must pre-register. There is no registration fee for the program. Continental breakfast and lunch will be provided.

Application
To participate in the program, please complete the attached application form and fax it to 617.432.3834, scan and email it to fahri_ercem@hms.harvard.edu, or mail it in the envelope provided to:

Biomedical Science Careers Program
c/o Harvard Medical School
164 Longwood Avenue, 2nd Floor
Boston, Massachusetts 02115-5818

Resume
Although not a requirement, we urge you to include a copy of your resume with your application. We strongly encourage you to review your resume before sending it. For assistance, please visit the following link: http://my.simmons.edu/services/cec/docs/resume-writing.pdf. The information contained in your resume will be used by us to inform you about appropriate internship and employment opportunities.

By early November, you will receive an acceptance letter with more detailed information. If you have any questions or need assistance, please contact Lise D. Kaye at lise_kaye@hms.harvard.edu or 617.432.0552.

Sincerely,

Joan Y. Reede, M.D., M.P.H., M.B.A.
Dean for Diversity and Community Partnership
Harvard Medical School
President and Chair
Biomedical Science Careers Program

Lise D. Kaye
Executive Director
Biomedical Science Careers Program

Enclosures: student application, return envelope, parents/caregivers form and tentative agenda
"SKILLS WORKSHOPS FOR COLLEGE STUDENTS AND
HIGH SCHOOL SENIORS, JUNIORS AND SOPHOMORES"

Harvard Medical School
Daniel C. Tosteson Medical Education Center
Saturday, November 17, 2012

TENTATIVE AGENDA

8:00 AM - 8:30 AM REGISTRATION - CONTINENTAL BREAKFAST
8:30 AM - 10:30 AM INFORMATIONAL SESSION FOR PARENTS/CAREGIVERS
9:30 AM - 8:55 AM OPENING SESSION
  Welcoming Remarks
  Plenary Session
8:55 AM - 9:00 AM BREAK
9:00 AM - 10:30 AM CONCURRENT WORKSHOPS
  A. Application Process for College - High School Students
  B. Interviewing Skills - High School Students
  C. Application Process for Medical/Graduate/Professional Schools - College Students
  D. Funding Your Education - College Students
  E. Interviewing Skills - College Students
  F. Tips for Resume/Personal Statement - College Students
10:30 AM - 10:40 AM BREAK
10:40 AM - 12:10 PM CONCURRENT WORKSHOPS
  A. Application Process for College - High School Students
  B. Interviewing Skills - High School Students
  C. Application Process for Medical/Graduate/Professional Schools - College Students
  D. Funding Your Education - High School Students
  E. Interviewing Skills - College Students
  F. Tips for Resume/Personal Statement - College Students
12:10 PM - 12:15 PM BREAK
12:15 PM - 12:45 PM PLENARY SESSION: Internships and Summer Opportunities
12:45 PM - 1:45 PM LUNCH/ON and NETWORKING
1:45 PM - 1:45 PM BREAK
1:45 PM - 3:15 PM CONCURRENT WORKSHOPS
  A. Transferring from a Two- to Four-Year College - Community College Students
  B. Interviewing Skills - High School Students
  C. Application Process for Medical/Graduate/Professional Schools - College Students
  D. Funding Your Education - College Students
  E. Interviewing Skills - College Students
  F. Tips for Resume/Personal Statement - High School and College Students
3:15 PM - 3:30 PM BREAK
3:30 PM - 4:30 PM PANEL OF STUDENTS
STUDENT APPLICATION

SKILLS WORKSHOPS FOR COLLEGE STUDENTS AND
HIGH SCHOOL SENIORS, JUNIORS AND SOPHOMORES
Saturday – November 17, 2012

CO-SPONSORS
Harvard Medical School
Office for Diversity Inclusion and Community Partnership
Minority Faculty Development Program
and
Biomedical Science Careers Program (BSCP)

I am a student in (Please check one):

☐ high school
☐ community college
☐ college
☐ post-baccalaureate: school ___________________ graduation year ________
☐ other (specify) ____________________________

Complete and return in the envelope provided to:

Biomedical Science Careers Program
c/o Minority Faculty Development Program
Harvard Medical School
164 Longwood Avenue, 2nd Floor
Boston, MA 02115-5818

Name (Please print) ____________________________________________

Last

First

Middle

Date of Birth ____________________________

Social Security Number (Last 4 digits) ________

PREFERRED MAILING ADDRESS (PLEASE CHECK ONE)

☐ CURRENT ☐ PARENT(S)
Parent(s) Postal Mailing Address
Street ____________________________ Apt ______
City ____________________________
State ____________________________ Zip ______
Phone ( ___ ) ____________________________

Second Primary Email Address ____________________________

Cellular Phone ( ___ ) ____________________________

Current School/Institution ____________________________

Date of Entry ____________________________

Expected Year of Graduation/Program Completion ____________________________

Degree(s) Expected ____________________________

Major/Field of Study ____________________________

1. If you have received any honors, awards, scholarships, fellowships or special recognition, please list them:

________________________________________________________________________

Page 1 of 4
2. Briefly describe any extracurricular activities in which you have been or are now involved:

___________________________________________________________________________________________

___________________________________________________________________________________________

3. Please list any academic enrichment programs, clubs, etc. (e.g. after-school, Saturday, summer programs) in which you have participated or are currently participating:

___________________________________________________________________________________________

___________________________________________________________________________________________

4. Have you ever participated in or do you currently participate in any of the following programs? 
(Please check the appropriate box for each program)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 1998 Biomedical Science Careers Student Conference</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>b. 2000 Biomedical Science Careers Student Conference</td>
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<tr>
<td>c. 2002 Biomedical Science Careers Student Conference</td>
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<td>d. 2004 Biomedical Science Careers Student Conference</td>
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<td>e. 2006 Biomedical Science Careers Student Conference</td>
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<td>f. 2008 Biomedical Science Careers Student Conference</td>
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<td>g. 2010 Biomedical Science Careers Student Conference</td>
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<tr>
<td>h. 2012 Biomedical Science Careers Student Conference</td>
<td>☐</td>
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</tr>
<tr>
<td>i. BSCP Workshops or Specialty Conferences</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>j. New England Science Symposium</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>k. Project Success</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>l. Explorations and/or Reflection in Action</td>
<td>☐</td>
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</tr>
</tbody>
</table>

5. Have you ever participated in any of the following types of science program? (Please check the appropriate box for each)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
<th>If &quot;Yes&quot; - Name of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. non-degree science education</td>
<td>☐</td>
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<tr>
<td>b. non-degree science research</td>
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<tr>
<td>c. science work-study</td>
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<td>d. science internship</td>
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<tr>
<td>e. science fellowship</td>
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<tr>
<td>f. science career planning</td>
<td>☐</td>
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<tr>
<td>g. science mentoring</td>
<td>☐</td>
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<tr>
<td>h. science counseling</td>
<td>☐</td>
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<tr>
<td>i. science volunteer</td>
<td>☐</td>
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<tr>
<td>j. science enrichment</td>
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</tr>
</tbody>
</table>

6. Briefly describe any special interests you may have:

___________________________________________________________________________________________

___________________________________________________________________________________________
7. Do you currently have a BSCP student advisor?  
   - Yes □  - No □  - Do not know □

8. Do you currently have a mentor?  
   - Yes □  - No □  - Do not know □

9. At what age did you become interested in science?  
   ____________________________________________________________

10. Have you ever been discouraged from pursuing any of the following? (Please check the appropriate box for each)  
   a. college-level studies □ □ □  
   b. advanced graduate studies □ □ □  
   c. career in science or engineering □ □ □  
   d. career in general □ □ □

11. In your current school setting, has anyone discussed with you any of the following topics? (Please check the appropriate box for each topic)  
   a. your professional goals □ □ □  
   b. research traineeships, awards for minorities available to you □ □ □  
   c. participation in any research projects outside of class □ □ □  
   d. science internship or fellowship opportunities □ □ □  
   e. biomedical sciences career opportunities □ □ □  
   f. the possibility of pursuing an academic/research career □ □ □  
   g. the importance of networking □ □ □  
   h. the purpose of having a mentor □ □ □  
   i. membership in professional organizations □ □ □

We request that you please answer the following two optional questions:

12. Please circle your predominant race/ethnic background (for Multiple Races, specify in respective categories below):  
   - □ Asian  
     □ Chinese  
     □ Filipino  
     □ Indian  
     □ Japanese  
     □ Korean  
     □ Vietnamese  
     □ Other (Specify) ____________  
   - □ Black (not Hispanic/Latino)  
     □ African (Specify) ______________________  
     □ Caribbean (Specify) ____________________  
     □ Other (Specify) ________________________  
   - □ Hispanic/Latino  
     □ Cuban  
     □ Mexican/Mexican American  
     □ Puerto Rican  
     □ South or Central American (Specify) ______  
     □ Other (Specify) ________________________  
   - □ Native American/Alaska Native  
   - □ Native Hawaiian/Other Pacific Islander  
   - □ Other (Specify) ________________________  
   - □ Unknown  
   - □ White (not Hispanic/Latino)  
   - □ Multiple Races  
     (Specify in respective areas above)

13. Please circle your gender:  
   a. Male  
   b. Female
14. Please indicate the highest educational level attained by your parents:

**MOTHER**
- [ ] Some high school
- [ ] Completed high school/GED
- [ ] Other (specify)

**FATHER**
- [ ] Some high school
- [ ] Completed high school/GED
- [ ] Other (specify)

15. Is either one of your parents involved in a science/health-related profession?  
- [ ] Yes  
- [ ] No

By signing this application, I (or my parent or guardian on my behalf) hereby:

(A) acknowledge(s) and understand(s) that Biomedical Science Careers Program, Inc. (BSCP) will retain the information in this application for its records, and that this information, about the applicant, including identifying information, will be used to track students through their academic and professional careers, and for future promotional and other communications, such as the BSCP newsletter; (B) consent(s) to photographic, audio, video, or electronic images of the applicant to be used by BSCP for exhibition, public display, publication, news media story, video, audio, or other electronic media, such as the Internet, television, CDROM, or DVD; (C) release(s) BSCP, including each of its directors, officers, employees and agents, waives all known and unknown claims against any of them, and agree(s) not to sue any of them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the applicant's participation in the Workshops, whether or not caused by the acts, omissions or other fault of the parties being released; and (D) acknowledge(s) and represent(s) that he or she has carefully reviewed this application, including the foregoing acknowledgement, consent, release, waiver and agreement not to sue and understand(s) what each of them mean, and that my/their signature below indicates that delivery of this application to BSCP is my/their free act and deed.

Signature (REQUIRED) ____________________________ Date ________________

Print Name ____________________________

(If applicant is less than 18 years of age)  
Parent/Caregiver's Signature: ____________________________ Date ________________

An addressed envelope is provided for mailing. You may also fax the application to 617.432.3834, or scan and email to fahri.ercem@hms.harvard.edu. If you have any questions, please contact the Biomedical Science Careers Program at: fahri.ercem@hms.harvard.edu or 617.432.2729. Thank you.

Applications must be returned by October 17, 2012 and will only be accepted as long as space allows.

!!!! EARLY SUBMISSION OF APPLICATION IS HIGHLY RECOMMENDED !!!!

Web sites: www.bscp.org and www.mfdp.med.harvard.edu
Invitation to Parents/Caregivers

TO ATTEND AN INFORMATIONAL SESSION DURING

“Skills Workshops for College Students and High School Seniors, Juniors and Sophomores”

CO-SPONSORS
Harvard Medical School
Office for Diversity Inclusion and Community Partnership
Minority Faculty Development Program
and
Biomedical Science Careers Program (BSCP)

Date: Saturday, November 17, 2012
Time: 8:30 AM - 10:30 AM
Location: The Daniel C. Tosteson Medical Education Center – Harvard Medical School
260 Longwood Avenue, Boston, Massachusetts

Topics: General Information on Career Planning, Educational Options and Financial Aid

If you would like to attend, please complete the form and fax to 617.432.3834; scan and email to
fahri_ercem@hms.harvard.edu, or mail to: Biomedical Science Careers Program, c/o Harvard Medical School,
164 Longwood Avenue, Boston, Massachusetts 02115-5818

Student Name ____________________________

High School Student____ College Student____

PLEASE FILL OUT BOTH SECTIONS IF TWO PARENTS/CAREGIVERS ARE ATTENDING.

Parent/Caregiver Attending Event (Please Print) Parent/Caregiver Attending Event (Please Print)

__________________________________________

Street Address ____________________________________ Street Address ____________________________________

__________________________________________ Apt. _______ Apt. _______

City _______________ City _______________

State __________ Zip Code __________ State __________ Zip Code __________

Home Phone Number ____________________________ Home Phone Number ____________________________

Cellular Number ____________________________ Cellular Number ____________________________

Email Address ____________________________ Email Address ____________________________

I will need a parking reservation: Yes__ No__ I will need a parking reservation: Yes__ No__

Please return form promptly so we can mail you directions on time.

SPACE IS LIMITED. PLEASE REGISTER EARLY.
NO REGISTRATION FEE