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 15, 2014 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 Skills Workshops for College Students and High School Seniors, Juniors and Sophomores provides 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 15, 2014. 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 e-mail it to fabri_crcem@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/cee/docs/resume-writing.pdf. The information contained in your resume will be used by us to inform you about appropriate internships 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 15, 2014

TENTATIVE AGENDA

8:00 AM - 8:30 AM
REGISTRATION - CONTINENTAL BREAKFAST

8:30 AM - 10:30 AM
INFORMATIONAL SESSION FOR PARENTS/CAREGIVERS

8:30 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, Cover Letter and Personal Statement - High School 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, Cover Letter and 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 - 1:40 PM
LUNCHEON and NETWORKING

1:40 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, Cover Letter and 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 15, 2014

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

Return options for completed application

1. Mail in envelope provided to:
   Biomedical Science Careers Program
   c/o Harvard Medical School
   164 Longwood Avenue, 2nd Floor
   Boston, MA 02115-5818

2. Scan and email to Seahye.eceem@hms.harvard.edu

3. Fax to 617.432.3834

I am a student in (Please check one)

☐ high school
☐ community college
☐ college
☐ post-baccalaureate
  college graduation year
  college you graduated from

☐ other (specify)

Name (Please print) _______________________________ Last _______________________________ First _______________________________ Middle _______________________________

Date of Birth (Required) _______________________________

Social Security Number (Last 4 digits) ____________

PLEASE CHECK YOUR PREFERRED MAILING ADDRESS

☐ CURRENT ☐ PARENT(S)

Current Postal Mailing Address

Street _______________________________ Apt _______________________________

City _______________________________

State ______ Zip __________

Phone ( ) _______________________________

**Important Please Fill Out** Preferred Email Address

Secondary Email Address _______________________________

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.

________________________________________________________________________

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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.

| a. 1998 Biomedical Science Careers Student Conference | Yes | No | Do not know |
| b. 2000 Biomedical Science Careers Student Conference | □ | □ | □ |
| c. 2002 Biomedical Science Careers Student Conference | □ | □ | □ |
| d. 2004 Biomedical Science Careers Student Conference | □ | □ | □ |
| e. 2006 Biomedical Science Careers Student Conference | □ | □ | □ |
| f. 2008 Biomedical Science Careers Student Conference | □ | □ | □ |
| g. 2010 Biomedical Science Careers Student Conference | □ | □ | □ |
| h. 2012 Biomedical Science Careers Student Conference | □ | □ | □ |
| i. 2014 Biomedical Science Careers Student Conference | □ | □ | □ |
| j. BSCP Workshops or Specialty Conferences | □ | □ | □ |
| k. New England Science Symposium | □ | □ | □ |
| l. Project Success | □ | □ | □ |
| m. Explorations and/or Reflection in Action | □ | □ | □ |

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

| a. non-degree science education | Yes | No | Do not know |
| b. non-degree science research | □ | □ | □ |
| c. science work-study | □ | □ | □ |
| d. science internship | □ | □ | □ |
| e. science fellowship | □ | □ | □ |
| f. science career planning | □ | □ | □ |
| g. science mentoring | □ | □ | □ |
| h. science counseling | □ | □ | □ |
| i. science volunteer | □ | □ | □ |
| j. science enrichment | □ | □ | □ |

6. Briefly describe any special interests you may have.


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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  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   b. advanced graduate studies  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   c. career in science or engineering  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   d. career in general  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

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  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   b. research traineeships, awards for minorities available to you  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   c. participation in any research projects outside of class  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   d. science internship or fellowship opportunities  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   e. biomedical sciences career opportunities  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   f. the possibility of pursuing an academic/research career  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   g. the importance of networking  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   h. the purpose of having a mentor  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

   i. membership in professional organizations  
   - Yes [ ]  
   - No [ ]  
   - Do not know [ ]

We request that you please answer the following three optional questions: 12 - 13 - 14.

12. Do you consider yourself to be Hispanic/Latino?  
   a. Yes [ ]  
   b. No [ ]

If yes, please circle all that apply.

1. Cuban [ ]  
2. Dominican [ ]  
3. Mexican/Mexican American/Chicano [ ]  
4. Puerto Rican [ ]  
5. South or Central American [ ]  
6. Other (Specify) ______________________

13. How do you identify your race? Please circle all that apply.

   a. American Indian/Alaska Native  
   1. Please specify name of enrolled or principal tribe  

   b. Asian - If yes, please circle all that apply.
   1. Asian Indian [ ]  
   2. Cambodian [ ]  
   3. Chinese [ ]  
   4. Filipino [ ]  
   5. Japanese [ ]  
   6. Korean [ ]  
   7. Pakistani [ ]  
   8. Vietnamese [ ]

   c. Black or African American - If yes, please circle all that apply.
   1. African American [ ]  
   2. Caribbean or West Indian [ ]  
   3. African (specify country) ______________________
   4. Other (specify) ______________________

   d. Native Hawaiian/Other Pacific Islander  
   If yes, please circle all that apply.
   1. Guamanian or Chamorro [ ]  
   2. Native Hawaiian [ ]  
   3. Samoan [ ]  
   4. Other Pacific Islander (specify) ______________________

   e. White [ ]  

   f. Other ______________________

14. How do you identify your gender?  
   a. Male [ ]  
   b. Female [ ]  
   c. Other (specify) ______________________
15. Please indicate the highest educational level attained by your parents.

MOTHER
- [ ] Some high school
- [ ] Completed high school/GED
- [ ] Other (specify)
- [ ] Some college
- [ ] Completed college
- [ ] Some graduate/professional school
- [ ] Completed graduate/professional school
- [ ] Do not know

FATHER
- [ ] Some high school
- [ ] Completed high school/GED
- [ ] Other (specify)
- [ ] Some college
- [ ] Completed college
- [ ] Some graduate/professional school
- [ ] Completed graduate/professional school
- [ ] Do not know

16. 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, waive(s) 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 ________________

Parent/Caregiver (Please print): ___________________________

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

Applications must be returned by October 15, 2014 and will only be accepted as long as space allows.

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