



MED SCHOOL PREP / JULY 12-19, 2008
MT. SINAI SCHOOL OF MEDICINE - COLUMBIA UNIVERSITY
2008 APPLICATION – PART 1

Applications must be typed or printed legibly in blue or black ink. Only complete applications will be considered by the Review Committee. To ensure your application is complete, please review the Application Checklist in Part 4 of the application.

Priority Identification #: _____ Today's Date: _____
(Located on Invitation E-mail)

STUDENT INFORMATION

First Name: _____ MI: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home: () _____ Mobile: () _____ Student's E-mail: _____ Date of Birth: ___/___/___ Age: _____
Social Security #: _____ or Passport #: (Non-US Citizens) _____ Country Where Passport Issued: _____
Preferred name to be used on name badge: _____ T-shirt size: (Adult Sizes) S M L XL (check one)

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) Name: _____ Relationship to Student: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: () _____ Work: () _____ Email: _____
Parent's Occupation: _____ Parent's Employer: _____

ACADEMIC INFORMATION – HIGH SCHOOL

Sophomore Year in College or University (Complete both High School and College/University info)
 Freshman Year in College or University (Complete both High School and College/University info)
 Senior Year in High School, Grad Year 2008 (Complete High School info only)
 Junior Year in High School, Grad Year 2009 (Complete High School info only)
High School: _____ School Phone: () _____
School Address: _____
City: _____ State: _____ Country: _____ Zip Code: _____
GPA: _____ on a _____ scale; please attach recent high school transcript (unofficial). Anticipated Year of Graduation _____

ACADEMIC INFORMATION – COLLEGE/UNIVERSITY (OPEN TO COLLEGE FRESHMEN AND SOPHOMORES)

Name of College/University: _____ Major: _____
College Address: _____
City: _____ State: _____ Country: _____ Zip Code: _____
GPA: _____ out of _____ Anticipated Year of Graduation _____

 Name

 Priority Identification #

**EXTRACURRICULAR & COMMUNITY SERVICE
 ACTIVITIES AND PERSONAL STATEMENT
 2008 APPLICATION – PART 2**

HONORS & RECOGNITIONS

Please list all honors and recognitions you have received while in high school/college. Include all academic, civic, and other honors and recognitions. Please include the date(s) received.

Honor/Recognition	Year(s) Received
_____	_____
_____	_____
_____	_____
_____	_____

EXTRACURRICULAR ACTIVITIES

Please list all extracurricular activities in which you have been involved while in high school/college. Please include the activity, the role you played including any office or title you held and the date(s) during which you participated in the activity.

Activity	Role/Office/Title	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY SERVICE

Please list all community service activities in which you have participated while in high school/college. Please include a description of your role in the activity and the date(s) during which you participated in the activity.

Activity	Role/Office/Title	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL STATEMENT

Please respond to the following essay question as thoughtfully and completely as possible and include your response as an attachment to the application. Limit your response to 5,300 characters (including spaces).

QUESTION: Why are you an ideal candidate for the Advanced Medicine Program?

Name _____

Priority Identification # _____

**AUTHORIZATION AGREEMENT
2008 APPLICATION – PART 3****TUITION & TRAVEL INSURANCE**

The Tuition & Travel Insurance provides cancellation protection that safeguards the student's tuition and other covered expenses while traveling. Students who cancel for covered reasons, as set forth in the Description of Coverage, will be reimbursed for the non-refundable tuition and airfare cancellation charges associated with the program. The Plan also includes coverage for Medical Protection, Baggage Protection, Trip Interruption and Delay and Emergency Assistance Services. For complete Plan details and Description Coverage please visit our website at www.lead-america.org/conferences/travelprotection or call the Plan Administrator, BerkelyCare at 1-800-453-4067, Mon – Fri 9:00am – 5:00pm (EST), referencing policy HTP05224. The \$99 premium is non-refundable. Should you choose not to participate in the above-described Tuition & Travel Insurance, or cancellation is not covered by a qualifying event in the Plan, *LeadAmerica's* Cancellation & Refund Policy will apply.

PAYMENT INFORMATION & SCHEDULE

Tuition: \$2,550

Payment Schedule:

- \$25 non-refundable application fee due with application
- \$500 non-refundable tuition deposit due within 7 days of notification
- \$2,050 balance due May 1, 2008

Students will be notified by *LeadAmerica* regarding status of their application, on a rolling basis, beginning April 4, 2008. Students accepted into the *Advanced Medicine* program must provide a \$500 tuition deposit within 7 days of notification to secure their place.

CANCELLATION & REFUND POLICY

Because the operation of *LeadAmerica* programs requires extensive advanced planning, costs are incurred long before the start of the conference. Accordingly, the following Cancellation & Refund Policy will apply:

- \$25 application processing fee and \$500 tuition deposit are non-refundable. No refunds of tuition will be granted after June 1, 2008.
- Any cancellation and refund request must be submitted either through the *LeadAmerica* website or by written notice to the Admissions Office in Boca Raton, Florida. Written notice must be signed by the Parent/Guardian who signed the enrollment application. Additionally, if you have the Tuition & Travel Insurance and believe you are canceling for a covered reason, you must immediately notify the Plan Administrator, BerkelyCare, of your cancellation.
- Optional Tuition & Travel Insurance premiums are non-refundable.
- In the event that *LeadAmerica* cancels the program, all tuition will be refunded. *LeadAmerica* shall not be responsible for any expenses incurred by student other than tuition paid.
- Students who are dismissed from the program for disciplinary reasons or leave the program early are not eligible for a refund. Parents are responsible for any expenses incurred for housing or transportation after dismissal.

PAYMENT METHOD

Please enclose a check or complete the credit card authorization below for the \$25 application fee.

 CHECK:Check # _____ Please make check(s) payable to *LeadAmerica*. Cancelled/returned checks will be subject to a \$25 non-sufficient funds fee. CREDIT CARD: VISA MC #: _____ Exp. Date _____

Authorized Signature: _____ Name on Card (please print): _____

I agree to pay the above charges in accordance with cardholder's agreement with issuer and I understand the *LeadAmerica* refund policy set forth on the accompanying Terms and Conditions of Participation.

Cardholder Billing Address: _____ City: _____ State: _____ Zip Code: _____

Name _____ Priority Identification # _____

**CONFIDENTIAL EDUCATOR EVALUATION
2008 APPLICATION – PART 4**

NOTE TO EDUCATORS: The student named above has applied for enrollment in the 2008 Advanced Medicine program. Offered through LeadAmerica, this distinctive program will provide a curriculum developed and presented by Mount Sinai School of Medicine in New York City, one of the world’s foremost centers for medical and scientific training. This eight day college immersion program will offer courses and hands-on opportunities corresponding to a four-year medical school experience including the social aspects and competitive atmosphere inherent to a graduate level education. Admission to the Advanced Medicine program is highly selective and based upon the student’s application, personal statement, and your recommendation. We seek outstanding young men and women from across the United States and internationally who will contribute to the quality, diversity, and maturity of the conference.

CONFIDENTIAL EDUCATOR EVALUATION

1 Please evaluate this candidate in the following areas by placing a check in the appropriate column.

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
Problem Solving					
Grasp of New Concepts					
Acceptance by Peers					
Maturity Relative to Age					
Classroom Conduct					

2 Please describe the ways in which this student has shown interest in the health sciences.

3 Check one of the following:

- I strongly endorse this applicant for admission to the Advanced Medicine program.
- I endorse this candidate for admission to the Advanced Medicine program.
- I endorse this candidate, with reservations, for admission to the Advanced Medicine program.
- I do not endorse this candidate for admission to the Advanced Medicine program.

4 Please sign and return this completed form by following the instructions below.

Name

Title

Signature

Date

E-mail Address

Phone

School Name

School Address

TO RETURN THE COMPLETED EVALUATION: Seal evaluation in envelope, sign the back flap of the envelope, and return to student for submission with application. The signature must be intact upon arrival at the LeadAmerica Admissions Office. In the event the Review Committee has a question regarding the authenticity of the evaluation, they will contact you at the number provided.

Thank you for your time and effort in completing this evaluation.

Name _____

Priority Identification # _____

**CHECKLIST & APPLICATION CERTIFICATION
2008 APPLICATION – PART 4**

- PART 1: Application
- PART 2: Extracurricular & Community Service Activities and Personal Statement (attached)
- PART 3: Authorization Agreement
- PART 4: Educator Evaluation
- PART 5: Checklist & Application Certification
- High School Transcript (unofficial)
- \$25 Application fee

APPLICATION CERTIFICATION

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Student Signature_____
Date_____
Parent Signature (if student is a minor)_____
Date**APPLICATIONS WILL BE REVIEWED ON A ROLLING BASIS.****Please mail the completed application to:***LeadAmerica/Advanced Medicine, Admissions Office, 1515 South Federal Highway, Suite 301, Boca Raton, FL 33432*