

**JOAN AND SANFORD I. WEILL CORNELL MEDICAL COLLEGE
STUDENT NATIONAL MEDICAL ASSOCIATION
HEALTH PROFESSIONS RECRUITMENT AND EXPOSURE PROGRAM
(HPREP)**

Instruction Sheet

The Student National Medical Association (SNMA) is searching for motivated, underrepresented, minority 10th and 11th grade high school students who are interested in the sciences to participate in the 2019 HPREP program.

The program consists of ten (10) two and a half hour sessions held on Friday afternoons during the months of January, February, and March. Students will attend lectures given by physicians at The Joan and Sanford I. Weill Cornell Medical College. They will also participate in small group workshops led by Weill Cornell medical students. All participants will be required to submit a research paper on an approved topic of interest in medicine at the conclusion of the program. At the end of the program, two participants will receive a College Book Scholarship, to be used during their first year of college enrollment.

To apply the following items must be submitted in a timely manner by the applicant:

- A completed online application form at <http://bit.ly/hprep19>
- Mail the following documents to Ms. Sahira Torres to be delivered by the deadline date, **Wednesday, October 31st**
 - A school official must email an official copy of the student's transcript
 - Attached Signature Form page (the form can only be accepted by mail and not by an electronic format)
 - Two 250-500 word essays typed in Times New Roman (or equivalent) 12-point font one from each topic:
 - **Topic 1:** An essay answering these questions: Why are you applying to HPREP? What are your future goals and how do you think HPREP will help you in your future endeavors?

AND

- **Topic 2:** An essay about **ONE** of the following:
 1. Evaluate a significant experience, achievement, risk, or ethical dilemma you have faced and its impact on you.
 2. Discuss an issue of personal, local, national, or international concern and its importance to you.
 3. Indicate a person who has had a significant influence on you, and describe that influence.
 4. Describe a character in fiction, an historical figure, or a creative work (as in art, music, science, etc.) that has had an influence on you, and explain that influence.
 5. Describe an encounter that demonstrated the importance of diversity to you.
- Two letters of recommendation one from each of the following:
 - One letter of recommendation from a science teacher or guidance counselor who has known the student for at least one year

AND

- One letter of recommendation from the following: A non-science teacher, a supervisor of a community service or volunteer organization in which you are a member, a community leader, an employer, or a family acquaintance.

Please have the above listed documents delivered deadline date to:

Weill Cornell Medicine
Office of Community Service
445 East 69th Street, Room 208
New York, NY 10021-5664
Attn.: Ms. Sahira Torres

THE DEADLINE DATE (DELIVERED BY) IS NO LATER THAN
Wednesday, October 31, 2018
IN ORDER TO BE CONSIDERED FOR THE 2019 HPREP PROGRAM

All students will be notified of acceptance status in late November. For further information contact Ms. Sahira Torres at (212) 746-3390 or at hprep@med.cornell.edu.

**Student National Medical Association
Weill Cornell Medical College
Health Professions Recruitment and Exposure Program 2019**

SIGNATURE FORM

DECLARATION

TO APPLICANT: Please read carefully, print your name clearly and sign this statement.

I, _____, declare that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any false information given will disqualify me from participation in the program. Also, I am aware that I must submit an official copy of my school transcript, two essays and two letters of recommendation that meets the requirements listed on the instruction sheet.

I understand that, in order to successfully complete the program and receive a Certificate of Completion, attendance is required at all ten (10) Friday sessions from 4:15 P.M. to 6:30 P.M.

Applicant

Signature _____

Date _____

TO PARENT OR LEGAL GUARDIAN: Please read carefully, print your name clearly and sign this statement.

I, _____, grant my permission for the above named minor to apply to the HPREP Program, which consists of ten Friday sessions from 4:15 P.M. to 6:30 P.M. I understand attendance is required for all sessions in order to complete the program, should he/she be accepted.

Guardian

Signature _____

Date _____

The information provided is confidential and will only be used in the application review process