

PERSONAL INFORMATION

Your Health Insurance Carrier: _____ Policy Number: _____

Birth Date (month, day, year) ____ - ____ - ____ Birth Place (city, state, country): _____

Gender: Male Female

U.S. Citizen: Yes No If not a US Citizen State of Legal Residence _____

Permanent Resident I.D. No. _____

Your Ethnicity

- AA = African-American/Black
- AI - American Indian / Alaska Native
- CA = Chinese/Chinese-American
- EI = East Indian/Pakistani
- FA = Filipino/Filipino-American
- JA = Japanese / Japanese-American
- KA = Korean / Korean-American
- MA = Mexican/Mexican-American/Chicano
- PI = Pacific Islander (Includes Micronesian, Polynesian, other Pacific Islanders)
- VA = Vietnamese / Vietnamese-American
- WH = White/Caucasian
- OA = Other Asian (not including Middle Eastern)
- OS = Other Spanish-American/Latino (includes Cuban, Puerto Rican, Central and South American)
- OT = Other _____
- DS = Decline to State

Marital Status: Single Married Divorced Widowed

Applicant's first language spoken

- English only
- Spanish only
- Asian only specify _____
- Other non-English only specify _____
- English & Spanish
- English & Asian
- Other bilingual specify _____

Employment Status:

- Not currently employed
- Employed full-time
- Employed part-time (____) hours/week)

Occupation: _____

Annual Income: _____

Employers name, address, city, state, zip;

Will you require financial aid? ____ Yes ____ No

FORMATIVE YEARS**Applicant's Community***(Please identify the community you lived in when you were (for example 1-5 years of age, 6-11 etc).)*

Type of Community you lived in	1-5 years	6-11 Years	12-17 Years	18- Current
Rural or Farming				
Inner City/Low Income				
Metropolitan (densely populated area)				
Suburban (outskirts of a city)				
Foreign Country				
Other: (specify)				

Housing	1-5 years	6-11 Years	12-17 Years	18- Current
Homeless				
Public or Subsidized				
Rented by Family				
Owned by Family				
Other: (specify)				

Please specify occupation of your parents when you were (ex. 1-5 years of age, 6-11 etc.,)

Occupation	1-5 years	6-11 Years	12-17 Years	18- Current
Father				
Mother				
Spouse (if applicable)				
Your occupation and number of hours you worked per week				

Please identify the amount of income made by your parents when you were (ex 1-5 years of age, 6-11 etc.)

Annual Income	1-5 years	6-11 Years	12-17 Years	18- Current
Father				
Mother				
Spouse (if applicable)				
Your annual income				

Educational Background

	Highest Educational Level Completed	If applicable, degree completed
Father		
Mother		
Paternal Grandfather		
Paternal Grandmother		
Maternal Grandfather		
Maternal Grandmother		
Siblings (name _____) age ____		
Siblings (name _____) age ____		
Siblings (name _____) age ____		
Siblings (name _____) age ____		

APPLICANT'S EDUCATIONAL DATA

High School _____
 Name City State Graduation Date

Cumulative High School GPA _____

SAT Scores: Total Score _____ Date taken _____

ALL COLLEGES, GRADUATE AND PROFESSIONAL SCHOOLS ATTENDED (list in chronological order)

Name	Location	Dates of Attendance MM/YY - MM/YY	Check if Summer Only (.)	Check if Jr./Comm. College (.)	Major	Degree Granted or Expected

Cumulative Undergraduate Overall GPA _____ Cumulative Undergraduate Science GPA _____

Please list all science courses taken, INCLUDING repeats with grade received in the space below.

Biology	Grade	Chemistry	Grade	Physics	Grade	Math	Grade	All Other	Grade

If needed attach additional sheets.

DAT MCAT/Test Scores (if applicable):

NS _____ PAT _____ RC _____ QRT _____

Test Date	Verbal Reasoning	Biological Science	Physical Science	Writing

Date planning to take DAT/MCAT: _____

EXPERIENCE

Please list the most significant non-academic activities, in which you have participated including research, volunteer and paid work positions.

Job Title	Dates MM/YY - MM/YY	Number of hours per week	Location	Duties

- c. What has been your experience working with underserved communities?
- d. Why do you want to become a physician or dentist?
- e. What premedical/pre dental advising services have you received from your undergraduate campus?
- f. Do you work? If so, at what age did you begin? Where and how many hours per week?

PERSONAL ESSAY *(please double space 12pt font, 2-3 pages)*

- Describe your personal and family background.
- What special attributes do you have that make you unique?
- How have you developed your interest and knowledge in your chosen health profession? Why are you interested in becoming a physician or dentist?
- What do you expect to contribute and gain from your participation in UCLA PREP?
- Where do you envision yourself in ten years both professionally and personally?

STATEMENT OF AUTHENTICITY AND PARTICIPATION

I certify that the above information is true and correct. I agree to provide, if requested, any official documentation necessary to verify this information. I understand that false statements or misrepresentation on this form may result in cancellation of admission to UCLA PREP.

If accepted to UCLA PREP, I will participate fully in the program and abide by all the rules and regulations as stipulated by the Director. This includes, to the best of my ability, my attendance at all classes, workshops, special presentations and group sessions arranged with my mentor, teaching assistant or peer advisor during the stated period of the program. I agree to actively participate in all program follow-up throughout my professional career. I understand that if accepted to the program my picture may be used for recruitment purposes.

Signature: _____

Date: _____

APPLICATION COMPONENTS

- ❑ Completed and signed application form.
- ❑ Two letters of recommendation, one from a science professor and one from a counselor/premedical advisor or employer.
- ❑ Official transcripts from all colleges and universities attended.
- ❑ Copy of your current financial aid award letter from your undergraduate institution.
- ❑ Personal essay of 2-3 pages describing your personal family and community background; your motivation for a medical career; what you have done to develop your interest and knowledge of modern medicine, and what you envision yourself contributing through your career.
- ❑ Include a wallet-size photo (applicant should submit a recent photo with name written on back)
- ❑ Finalists will be granted an interview. A telephone interview will be arranged for applicants who are not within a radius of 50 miles.

DEADLINE

Completed applications and supporting materials must be postmarked on or before
March 1, 2012

Materials postmarked after that date will not be considered

**Please make sure you have read the Application Components.
Incomplete applications will not be considered.**

Return this application with supporting materials postmarked on or before March 1, 2012 to:

UCLA PREP
Office of Diversity, Inclusion and Outreach
David Geffen School of Medicine at UCLA
10833 Le Conte Ave, CHS 14-214R CHS
Post Office Box 956990
Los Angeles, CA 90095-6990
Phone (310) 825-3575