**State Pre-College Enrichment Program (S-PREP)**

**2012 - 2013 Program Application**

We are currently recruiting high school students from the New York City area for the 2012 - 2013 academic year session of the State Pre-College Enrichment Program (S-PREP) at Columbia University, the College of Physicians & Surgeons.

**S-PREP** is a rigorous academic year program designed for New York residents who are minority (e.g., Black, Hispanic, Native American, or Alaskan Native) or economically disadvantaged (see economic eligibility guidelines) high school students enrolled in grades 9 - 12 who are seriously interested in pursuing a career in medicine or related health professions. The long range objective of the program is to increase the number of minority physicians and health care professionals. The program offers a schedule of basic and medical science courses. The courses currently offered may include but are not limited to the following: anatomy, biochemistry, embryology, calculus, chemistry, genetics, neuroscience, organic chemistry, physics, physiology, pre-calculus. In addition, the program offers a SAT preparation course provided by Kaplan.

Classes start in **October** of the academic year and are held on Saturdays, in morning and afternoon sessions. Medical, dental and graduate students serve as course preceptors. In addition to the rigorous academic schedule, mandatory college preparation and career development workshops the program offers academic and college counseling services, field trips and college tours.

Students enrolled in S-PREP are selected on the basis of both character and academic credentials. More specifically, students are selected based on the following criteria: (1) maintenance of an 80% grade average, in math and science; (2) a strong interest in medicine, research or the health professions; (3) the ability to commit to the course schedule; and (4) a mature personality.

**S-PREP** demands that students attend diligently and give their best effort. Students are allowed only two absences each semester. More than two absences from the program will result in immediate dismissal from the program. **Therefore, students heavily involved in other extracurricular activities or pre-college exam preparation courses should seriously consider whether or not they can commit to participation in the program.** In addition, students are expected to maintain high academic standards in their high school coursework. Students will be required to submit a copy of their report card to the program quarterly.

The **application deadline** is **Monday, August 2, 2012**. Applications received after this date will only be considered after those submitted on time. Students who are seriously interested in S-PREP are highly encouraged to submit all application materials by the indicated deadline. Incomplete applications will not be reviewed.

Applications should be mailed to:
Damaris Javier, M.A.
Attention: SPREP Application
Office of Diversity
Columbia University, College of Physicians and Surgeons
630 West 168th Street, 3-401
New York, NY 10032

For more information, contact (212) 305-4157.
State Pre-College Enrichment Program (S-PREP)
2012 - 2013 Academic Year Application

PLEASE TYPE OR PRINT LEGIBLY. FILL ALL SECTIONS OUT COMPLETELY. APPLICATIONS WITH MISSING INFORMATION OR SIGNATURES WILL NOT BE PROCESSED.

PART I: PERSONAL INFORMATION

First Name:          Middle Name:          Last Name:

Address:            Telephone Number:          E-mail Address:

Sex: □ Male         □ Female                  Date of Birth:          City or Country of Birth:

Ethnicity:
□ Black
□ Hispanic
□ American Indian/Alaskan Native
□ Other (Please Specify)*:

* IF YOU CHECKED THIS CATEGORY FOR ETHNICITY, YOU MUST PROVIDE THE INFORMATION AS INDICATED ON THE FINANCIAL ELIGIBILITY GUIDELINES. YOUR APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION REQUIRED BY NEW YORK STATE.

Social Security Number**::

**(IF YOU DO NOT HAVE A S.S.N #., YOU MUST OBTAIN ONE BEFORE SUBMITTING YOUR APPLICATION. THIS INFORMATION IS REQUIRED BY LAW. NO EXCEPTIONS WILL BE MADE.)

N.Y. State Resident: □ Yes □ No

Citizenship: □ U.S. □ Other (Please Specify):

If you are not a United States citizen, please provide Alien Registration #:

Parent(s)/Legal Guardian(s): Mr./Mrs./Ms:

Address:

Home Telephone Number:          Work Telephone Number:

PART II: EDUCATION

Name of High School:

Address:

Current Year in School: □ 8 □ 9 □ 10 □ 11 □ 12       Expected Graduation Date:
(As of September 1, 2012)

Guidance Counselor:          Phone Number:

Overall Grade Point Average (GPA):          Science GPA:          Math GPA:
List all mathematics, science, and English courses you have taken and are presently taking. Indicate if the math or science class is AP, Honors or College Level. (Please circle the appropriate grade level and include the letter/numerical grade received in the course.)

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<th>Course</th>
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Have you taken the PSAT? □ Yes □ No
If yes, please indicate date and score?

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<tr>
<th>PSAT Date</th>
<th>Subject</th>
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<tr>
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Have you taken the SAT? □ Yes □ No
If yes, please indicate date and score?

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<th>SAT Date</th>
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<td>Math</td>
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Are you having problems in any subjects? If yes, please indicate the subject(s) and the problem(s).

Please list your interests, hobbies, and forms of recreation.

Describe any extracurricular activities (i.e., organizations, athletics, student government, etc.) in which you have participated including any offices you have held or committees on which you have been a member. Include community service, if applicable.

What special recognition have you received for excellence in school work (i.e., prizes, honors, scholarships)?

What type of employment, if any, have you held during the school year? Indicate the number of hours per week?

What is motivating you toward a career in medicine? What specific experience, if any, have you had with doctors or other members of the health professions?

If you could not reach this goal for any reason, what alternative career would you consider?

Will you be available on Saturdays from 9:00am – 3:00pm for the 2012-2013 school year?
PART III: PARENT’S/GUARDIAN’S ENDORSEMENT & ACADEMIC TRANSCRIPT
RELEASE

My child, _______________________________________ (name of student), has my permission to participate in the 2012-2013 State Pre-College Enrichment Program (S-PREP) of Columbia University, College of Physicians and Surgeons of Columbia University. I understand that S-PREP classes will be held during the academic year on Saturdays from 9:00 a.m. - 11:00 a.m. and/or 1:00 p.m. - 3:00 p.m. with mandatory college preparation workshops from 12:00 – 1:00 pm at the Hammer Health Science Center located, located at 701 W. 168 Street, New York, NY 10032 (Corner of Haven Ave and Ft. Washington). I also understand that SPREP does not provide lunch. Students are encouraged to take their break in the Student Lounge which has vending machines.

I give the S-PREP program permission to secure information regarding my child's academic records from his/her secondary school.

My permission is also given for ______________________________________ (name of student) to perform laboratory procedures related to his/her course work and attend field trips to educational facilities during the 2012-2013 academic year. (Separate written permission from the parent must be given for a student to attend a field trip away from the Health Sciences Campus and would be requested in advance of any such outing. If for any reason the child named in this contract is unable to obtain written permission to attend/participate in a field trip, a program staff member will contact the parent/guardian and obtain verbal permission and will utilize this parental consent form in the place of a separate written permission form.)

I understand that my child's participation in S-PREP may involve his/her travel to and from Columbia Presbyterian Medical Center using New York City public transportation (subways and buses) and that the field trips may involve travel on New York City public transportation as well.

I further understand that there may be risk of injury to my child and I agree that I will not hold the Trustees of Columbia University in the City of New York, and its officers, faculty, students, employees, and agents of these institutions responsible for any injury which my child may incur at these institutions, or while traveling to and from these institutions.

By signing below, I _______________________________________ (name of parent/guardian) agree to the above terms and conditions in regards to _______________________________________ (name of student) participation in the 2012-2013 State Pre-College Enrichment Program (S-PREP) program.

______________________________              ________________________
Signature of Parent or Legal Guardian                                            Today's Date

______________________________
Signature of Witness

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name:                                             Phone Number:

Address:
PART IV: ESSAY

On a separate page, type an essay of 300 to 500 words on “Why I Believe I Would Be a Good Candidate for S-PREP”. Include a discussion about your expectations of the program, what you plan to contribute to the program, and your short and long term career goals. Sign your name at the end of the essay.

PART V: OFFICIAL TRANSCRIPT AND REPORT CARD

Please include a copy of your official transcript and a copy of your most recent report card with grades from the 2012-2013 academic year.

PART VI: RECOMMENDATION LETTER

Three letters of recommendation must be submitted with the application. One letter must be from a math teacher, one letter must be from a science teacher and one letter must be from your counselor. Please provide your references with the forms included with this application.

APPLICATION CHECK LIST

Only complete applications will be reviewed for the program. To ensure that your application is complete, please make sure you have included the following materials:

- Complete Application Form (Part I and Part II)
- Parent’s/Guardian’s Endorsement & Academic Transcript Release (Part III)
- Essay (Part IV)
- Official Transcript and Report Card (Part V)
- 3 Letters of recommendation from science teacher, math teacher and Guidance Counselor (Part VI)
- Financial Documentation (Only for applicants who do not meet the race/ethnicity criteria, see Financial Guidelines attached)
- Awards, Certificates, Honors Received (Optional)

Mail your application and supporting materials to:
Applications should be mailed to:
Damaris Javier
Attention: SPREP Application
Office of Diversity
Columbia University, College of Physicians and Surgeons
630 West 168th Street, 3-401
New York, NY 10032

Admission Deadline: Monday, August 2, 2012. Should you have questions or concerns regarding the application process, please contact program staff member at (212) 305-4157.
STATE PRE-COLLEGE ENRICHMENT PROGRAM (S-PREP)
SCIENCE TEACHER
LETTER OF RECOMMENDATION FORM

Applicants First Name:        Middle Name:            Last Name:
Course(s) taken with me:          Term/Year taught:

Please fill out this form and make relevant comments about the student’s potential. Most helpful are specific examples which show the student’s personal and academic achievements. Please return this recommendation in a sealed envelope in time for the applicant to include it with the other application materials.

How would you rate the applicant in the following areas?

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<th>Below Average</th>
<th>Average</th>
<th>Very Good</th>
<th>Excellent</th>
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How long have you known the applicant?


What can this student contribute to the program?

Summary Evaluations

How do you think this student will benefit from the program?

☐ I believe that the applicant is marginally qualified for your program, but has potential for bioscience research.
☐ I recommend this applicant for admission to your program.
☐ I highly recommend this applicant for admission to your program.

If needed, you are welcome to include additional comments on a separate letter.

Name:              School:
Title and Department:           Telephone:

Signature: ___________________________   Date: ___________________________
STATE PRE-COLLEGE ENRICHMENT PROGRAM (S-PREP)
MATH TEACHER
LETTER OF RECOMMENDATION FORM

Applicants First Name:        Middle Name:            Last Name:  
Course(s) taken with me:          Term/Year taught:  

Please fill out this form and make relevant comments about the student’s potential. Most helpful are specific examples which show the student’s personal and academic achievements. Please return this recommendation in a sealed envelope in time for the applicant to include it with the other application materials.

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How do you think this student will benefit from the program?

☐ I believe that the applicant is marginally qualified for your program, but has potential for bioscience research.
☐ I recommend this applicant for admission to your program.
☐ I highly recommend this applicant for admission to your program.
If needed, you are welcome to include additional comments on a separate letter.

Name:              School:
Title and Department:           Telephone:

Signature: ___________________________   Date: ___________________________
S-PREP is a rigorous academic year program designed for minority and economically disadvantaged high school students who are seriously interested in pursuing a career in medicine or related health professions. The long range objective of the program is to increase the number of minority physicians and health care professionals.

We appreciate your help in selecting students of intellectual and personal promise. Please fill out this form and make additional comments about the student’s potential. Most helpful are specific examples evidencing the student’s personal and academic achievements.

Check here if you would like your comments kept confidential:  ☐

If you so desire, you may mail this form directly to:

Damaris Javier
Attention: State Pre-College Enrichment Program Application
Office of Diversity
Columbia University, College of Physicians and Surgeons
630 West 168th Street, 3-401
New York, NY 10032

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Why do you believe that this student is a good candidate for S-PREP?

What can this student contribute to the program?

How do you think this student will benefit from the program?

**Summary Evaluation**

☐ I do not recommend this applicant for admission to your program.
☐ I believe that the applicant is marginally qualified for your program, but has potential.
☐ I recommend this applicant for admission to your program.
☐ I strongly recommend this applicant for admission to your program.

*If needed, you are welcome to include additional comments on a separate letter.*

Name: ___________________________ School: ___________________________

Title and Department: ___________________________ Telephone: ___________________________

Signature: ___________________________ Date: ___________________________
STATE PRE-COLLEGE ENRICHMENT PROGRAM (S-PREP)

ECONOMICALLY DISADVANTAGED ELIGIBILITY REQUIREMENTS

1. A student is considered economically disadvantaged if he or she is a member of: A household supported by one parent if dependent, by the student or by a spouse if independent, whose total annual income is not more than the applicable amount see New York State Opportunity Programs Income Eligibility Criteria.

<table>
<thead>
<tr>
<th>New York State Opportunity Programs Income Eligibility Criteria</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
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<tbody>
<tr>
<td>Number in Household Dependent on Income</td>
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<tr>
<td>1</td>
<td>$16,060</td>
<td>$16,060</td>
<td>$20,665</td>
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<td>2</td>
<td>$21,630</td>
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<td>7</td>
<td>$49,500</td>
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</table>

This add-on allowance cannot be combined with the add-on amount shown below

- Add $5,570 for two workers or for one worker as sole support of a one-parent family*
- Add $2,790 for a household supported by one member working two or more jobs at the same time.

This add-on allowance cannot be combined with the add-on amount shown above

- Add $5,570 for two workers or for one worker as sole support of a one-parent family*
- Add $2,790 for a household supported by one member working two or more jobs at the same time.

¹ Add $5,570 for each family member in excess of 7.
² Add $5,570 for each family member in excess of 7.
³ Add $7,326 for each family member in excess of 7.

* The amount shown for this add-on allowance includes a circumstance where one parent is working one or more jobs.

2. Exceptions
Reference to the household income scale need not be made if the student falls into one of the following categories, and documentation is available:

A. The student's family is the recipient of: (1) Family Assistance Program Aid; or (2) Safety Net Assistance through the New York State Office of Temporary and Disability Assistance, or a county department of social services; or (3) family daycare payments through the New York State Office of Children and Family Services Assistance, or a county department of social services;

B. The student is a ward of the State or a county.

3. Documentation
The following shall be acceptable documentation of economic eligibility:

a. Documentation of all income, earned dividends and interest: a signed copy of appropriate year's tax return (IRS forms 1040, 1040A, or 1040EZ; or 4506).
b. Documentation of a sole worker's income from two or more employers: W2s for the appropriate year or similar documentation acceptable to the Commissioner.
c. Documentation of no income: a copy of IRS form 4506 which has been filed by the student or family with the Internal Revenue Service or a copy of IRS Letter 1722 indicating that the student or parent did not file a return.
d. Documentation of pension, annuity, or unemployment benefits: letter from the applicable agency showing appropriate year's total award (if not reported on IRS forms 1040, 1040A or 1040EZ or 1099).
e. Documentation of Social Security, Supplemental Security Income, or Veterans Administration noneducational benefits: a letter from the applicable agency showing applicable year's total award for each member of the household including medicare premiums or IRS form 1099 for each member of the household.
f. Documentation of social services payments: verification from a branch of the State Office of Temporary and Disability Assistance, Office of Children and Family Services Assistance, or a county department of social services showing year that benefits were received and names of recipients including the applicant.
g. Documentation of child support and/or alimony: a court order, affidavit.
h. Documentation of additional members in household: birth certificates, marriage certificates, thirdparty verification, or similar documentation acceptable to the Commissioner, along with proof of income or lack of income for each such member.
i. Documentation of zero household contribution: the needs analysis output form from one of the United States Department of Education’s approved needs analysis systems.