

**JOAN AND SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY**  
***WEILL CORNELL YOUTH SCHOLARS PROGRAM (WCYSP)***

**Student Instruction Sheet**

The Student National Medical Association of Weill Cornell Medical College is searching for motivated New York City 11th grade high school students – from underrepresented backgrounds in medicine - who are interested in the sciences to participate in the summer Weill Cornell Youth Scholars Program (WCYSP or Youth Scholars Program).

The Youth Scholars Program is a free, four-week summer program run by medical students at Weill Cornell Medical College. Located on our campus in the Upper East Side of Manhattan, selected students will embark on a rewarding and fulfilling journey of academic growth, career planning, and self-reflection. During the program, our students – addressed as Youth Scholars – participate in a rigorous academic curriculum: they have lectures on physiology and anatomy; participate in anatomy labs; engage in problem-based learning exercises; interact with medical students and physicians; and investigate many other facets of medicine. Additionally, students engage in a college-preparatory curriculum that addresses important topics such as financial aid, personal statement essay writing, and the Common Application. The program will begin on Tuesday, July 7th, 2015 and end on July 31, 2015. The program takes place four days per week, Tuesday through Friday, starting at 8:00 A.M. and ending usually at 3:00 P.M.

Ideal applicants must demonstrate a strong interest in the sciences, possess a genuine interest in medicine, and be willing to interact in a dynamic, group-oriented atmosphere.

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

- A completed application form
- The most recent copy (official or unofficial) of your academic transcript
- Two 250-500 word essays typed in Times New Roman 12 point font, printed in black ink on plain white paper.
- One completed recommendation from a science teacher **OR** two letters of recommendation from a non-science teacher, a guidance counselor, coach, mentor, supervisor (e.g., community service, volunteer organization), family acquaintance, community leader, or employer. Please use the form provided on the reverse side.

This program is only for current high school juniors only. Current seniors are ineligible for this program, and current sophomores and freshmen are encouraged to apply during their respective junior years.

**THESE ITEMS MUST BE POSTMARKED NO LATER THAN  
FRIDAY, MAY 15, 2015**

**Please send all items to:**

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

All students will be notified VIA EMAIL of acceptance status by early June. For more information, contact Andrew Hillman at [wcmc.scholars@gmail.com](mailto:wcmc.scholars@gmail.com).

**Please turn over for Recommendation Form**  
*You may make additional copies of the Recommendation Form as needed.*

**Weill Cornell Youth Scholars Program – Recommendation Form**

*To Applicant: Complete the top section. Give this recommendation form and an envelope to your letter writer.*

**TO THE APPLICANT**

To Student:

- I **DO** waive my right to view this recommendation form submitted on my behalf.  
 I **DO NOT** waive my right to view this recommendation form submitted on my behalf.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECOMMENDER BACKGROUND INFORMATION**

Dear Recommender,

Thank you for writing this recommendation for this talented young student. The Weill Cornell Youth Scholars Program is an intense, four week-long program, geared towards students from underrepresented backgrounds in medicine. This rigorous academic program immerses students in a curriculum of anatomy, physiology, case-based clinical learning, and labs. The program is for current 11<sup>th</sup> graders. Success in this program requires personal motivation, collaborative group work skills, and a genuine interest in medicine or medical science. We value your recommendation in the utmost regard. Your comments will be kept confidential. Please enclose this letter in a sealed and signed envelope and return it to the applicant.

Recommender Name: \_\_\_\_\_ Title: \_\_\_\_\_

Recommender Phone: \_\_\_\_\_ Recommender Email: \_\_\_\_\_

Relationship with Student (Please check the most applicable)

- Science Teacher  Non-science teacher  Guidance counselor  Coach  Mentor  Supervisor  Other: \_\_\_\_\_

Describe this student in THREE WORDS: \_\_\_\_\_

*Complete only if you are the student's teacher*

List the courses you have taught this student. Please indicate grade level and difficulty of the course (e.g., Regents, Honors, AP, IB, Accelerated, etc.):

\_\_\_\_\_  
 \_\_\_\_\_

How long have you known the student and in what context (e.g., sports coached, mentorship, etc.)? \_\_\_\_\_

\_\_\_\_\_

**STUDENT EVALUATION**

Compared to other students, how do you rate this student?

	Below Average	Average	Good	Very Good	Excellent (Top 10%)	Outstanding (Top 5%)	No Basis to Judge
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OVERALL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FREE RESPONSE**

Please write whatever you think is important about this student, considering his or her academic and personal characteristics. Any information distinguishing this student from his or her peers will enhance the application. You may attach a formal letter or longer narrative about this student.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SIGNATURE**

Recommender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SNMA of Weill Cornell Medical College – WCMC Youth Scholars Application**

*Please type or print legibly in black or blue ink.*

GENERAL INFORMATION						
<b>Last Name</b>	<b>First Name</b>	<b>Middle I</b>	<b>DOB (mm/dd/yyyy)</b>	<b>Grade</b> <input type="checkbox"/> 11th	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Age</b>
<b>Home Address (Include APT number)</b>			<b>City, State</b>	<b>Zip Code</b>	<b>(Area Code) Phone Number</b>	
<b>Ethnicity</b>		<input type="checkbox"/> Japanese	<input type="checkbox"/> White Non-Hispanic	<b>Email Address</b>		
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian	<b>What is your first language?</b>			<b>Have you applied to this program before?</b>
<input type="checkbox"/> Black / African American	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Other Hispanic (specify)				<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Chinese	<input type="checkbox"/> Native American	<input type="checkbox"/> Other (specify)				
<input type="checkbox"/> Cuban	<input type="checkbox"/> Puerto Rican					
<input type="checkbox"/> Filipino	<input type="checkbox"/> West Indian					
SCHOOL INFORMATION						
<b>School Name (Please Print the Official Name)</b>						
<b>School Address</b>			<b>City, State</b>	<b>Zip Code</b>	<b>School Phone Number</b>	
<b>Science Curriculum Information (Indicate if the class was Regents, Honors, AP, IB, etc.) If you are currently taking the science class, please report your cumulative grade for that class (e.g., average of 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> quarter).</b>						
9 <sup>TH</sup> grade Science Class: _____			Final Grade: _____			
10 <sup>TH</sup> grade Science Class: _____			Final Grade: _____			
11 <sup>TH</sup> grade Science Class: _____			Current Grade: _____			
Please list any ACADEMIC awards or distinctions:						
_____						
_____						
Have you participated in either of the following Cornell Programs? (Answering will neither hinder nor improve your chances for admission into this program.)						
Health Professions Recruitment and Exposure Program (HPREP)			<input type="checkbox"/> Y <input type="checkbox"/> N			
Annual Pre-Medical Conference (held in December on Cornell's campus)			<input type="checkbox"/> Y <input type="checkbox"/> N			
FUTURE PLANS / GOALS						
What do you plan to do after you finish high school?						
<input type="checkbox"/> Attend College <input type="checkbox"/> Work <input type="checkbox"/> Undecided <input type="checkbox"/> Other (please specify) _____						
Describe yourself in THREE words: _____						
EXTRACURRICULAR ACTIVITIES						
Please list any extracurricular activities in which you participate. These may include after school clubs, sports, community organizations, volunteering, or employment. You may attach a <u>one-page (max)</u> résumé should you wish to include more activities.						
CHECK ONE: <input type="checkbox"/> Work <input type="checkbox"/> Volunteer <input type="checkbox"/> Extracurricular          Hours Per week: _____    Months Participating: _____						
Institution: _____    Your Title: _____						
Description of Work: _____						
_____						
CHECK ONE: <input type="checkbox"/> Work <input type="checkbox"/> Volunteer <input type="checkbox"/> Extracurricular          Hours Per week: _____    Months Participating: _____						
Institution: _____    Your Title: _____						
Description of Work: _____						
_____						
CHECK ONE: <input type="checkbox"/> Work <input type="checkbox"/> Volunteer <input type="checkbox"/> Extracurricular          Hours Per week: _____    Months Participating: _____						
Institution: _____    Your Title: _____						
Description of Work: _____						
_____						
Please list any significant daily caregiving or household responsibilities that you may have.						
_____						
_____						

**EXTRACURRICULAR ACTIVITIES (CONTINUED)**

Please list any NON-ACADEMIC distinctions you have received.

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If there is anything additional that you would like the admissions committee to know, please do so in this section:

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How did you hear about this program? \_\_\_\_\_

**FAMILY BACKGROUND\***

List the **number AND names** of the people that live in your household and their relationship to you (e.g., (2) John, father; Sarah, older sister):

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Were you born outside the United States?  Y  N

Were either of your parents or guardians born outside the United States?  Y  N

Head of Household Occupation: \_\_\_\_\_ 2<sup>nd</sup> Head of Household Occupation: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

Estimated Annual Household Income: \_\_\_\_\_

\*Your answers will not affect your chances for admission.

**ESSAYS**

Write two 250 – 500 word essays, one essay on EACH topic listed below. All essays must be typed and enclosed with the application. Put your name on your essays. Use proper grammar and syntax; please adhere to the word limit.

Essay 1: How will the Youth Scholars Program help you in your future endeavors? If you are not accepted into the Youth Scholars Program, how will this affect your future career goals?

**AND**

Essay 2: Choose one of the five prompts. Have fun with the prompts and be creative with your responses!

- (1) If you could have one superpower, what would it be and why?
- (2) Describe the world in the year 2050.
- (3) What is the "best" animal? Why?
- (4) What is your "earliest" memory as a child?
- (5) If you could time travel and change one moment in history, where would you go and why?

**CONSENT**

TO APPLICANT: Please read carefully and sign this statement.

I declare that the information contained in this application is correct and complete to the best of my knowledge. I understand that any false information will disqualify me from participation in the program. I am aware that I must submit a copy of my school transcript and a recommendation that meets the requirements listed on the instruction sheet. I understand that attendance is required for all sessions, beginning at 8:00 A.M., in order to complete the program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

TO PARENT OR LEGAL GUARDIAN: Please read carefully and sign this statement.

I, \_\_\_\_\_ grant my permission for the above named minor – of whom I am the legal parent or guardian - to apply to the Weill Cornell Youth Scholars Program, which consists of sixteen (16) sessions starting at 8:00 A.M. in July. I understand attendance is required for all sessions in order to complete the program, should he/she be accepted.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHECKLIST**

- Completed and signed application form
- Your most recent academic transcript
- Two 250 – 500 word essays
- One letter of recommendation from a Science teacher **OR** two letters of recommendation from a non-science teacher, a guidance counselor, coach, mentor, supervisor, family acquaintance, community leader, or employer.
- All materials postmarked by **MAY 15, 2015**

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

Please contact Mr. Andrew Hillman at [wcmc.scholars@gmail.com](mailto:wcmc.scholars@gmail.com) if you have questions.

Final decisions will be sent via e-mail no later than early June.