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 2018 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/hprep18
- Two 250-500 word essays typed in Times New Roman (or equivalent) 12-point font uploaded onto the online application form:
  - **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.
- Mail the attached Signature Form page to Ms. Sahira Torres at the address provided on the form (the form can only be accepted by mail and not by an electronic format)

The following materials must be requested by the applicant to be emailed to hprep@med.cornell.edu by the deadline:

- A school official must email an official copy of the student’s transcript
- Two letters of recommendation must be emailed directly from those who are writing the letter:
  - 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.

THE DEADLINE DATE (DELIVERED BY) IS NO LATER THAN
Monday, November 20, 2017
IN ORDER TO BE CONSIDERED FOR THE 2018 HPREP PROGRAM

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

Please have this form delivered NO LATER THAN Monday, November 20, 2017 to:

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

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