

JOAN AND SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY
WEILL CORNELL YOUTH SCHOLARS PROGRAM (WCYSP) 2019

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 Monday, July 1, 2019 and end on July 26, 2019. 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. The first week of the program will begin on Monday, July 2nd since Wednesday, July 4th Weill Cornell Medicine will be closed in observance of the holiday.

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:

- Complete the online application form at <http://bit.ly/wcysp19>
- The most recent copy (official or unofficial) of your academic transcript
- 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?

If you could time travel and change one moment in history, where would you go and why?

- 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.

DEADLINE DATE:
Thursday, April 25, 2019

The submitted online application and the official transcript, letter(s) of recommendation, and essays must be RECEIVED by the deadline date (not postmarked):

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 late May. For more information, contact Daniel Kramer at wcmc.scholars@gmail.com.

SNMA of Weill Cornell Medical College – WCMC Youth Scholars Application 2019

DECLARATION

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

- Submitted online application form
- Signed declaration 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 must be **RECEIVED** by Thursday, April 22, 2019 (not postmarked)

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. Daniel Kramer at wcmc.scholars@gmail.com if you have questions.

Final decisions will be sent via e-mail by late May.

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 11th 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 your 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"/>
OVERALL	<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: _____