

State Pre-College Enrichment Program (S-PREP)
2011 - 2012 Program Application

We are currently recruiting high school students from the New York City area for the 2011 - 2012 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, and pre-calculus.

Classes start in **November** 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 **Tuesday, May 31, 2011**. 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:

The Office of Diversity
College of Physicians and Surgeons
630 W. 168th Street, 3-401
New York, NY 10032
Attn: SPREP

For more information, contact (212) 305-4157.

State Pre-College Enrichment Program (S-PREP) 2011 - 2012 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

Full Name: _____
First Middle Last

Address: _____
Number Street Apt. #

City State Zip

Telephone #: (____) _____ E-mail Address: _____

Sex: Male Female Date of Birth: ____/____/____ City or Country of Birth: _____

Ethnicity: ____ Black ____ Hispanic ____ Native American Indian
____ Other* _____
(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: _____ - _____ - _____ N.Y. State Resident Yes No
(IF YOU DO NOT HAVE A S.S.#., YOU MUST OBTAIN ONE BEFORE SUBMITTING YOUR APPLICATION. THIS INFORMATION IS REQUIRED BY LAW. NO EXCEPTIONS WILL BE MADE.)

Citizenship: U.S. Other (specify) _____

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

Parent(s)/Legal Guardian(s): Mr./Mrs./Ms _____
[Circle one] [Please provide full name(s)]

Address: _____
Number Street Apt.# City State Zip Code

Telephone #: Business (____) _____ Home (____) _____

PART II: EDUCATION- A COPY OF YOUR OFFICIAL TRANSCRIPT MUST ACCOMPANY THIS APPLICATION.

Name of High School: _____

Address _____
Number Street City State Zip Code

Current Year in School: 8 9 10 11 12 Expected Graduation Date: ____/____/____
(PLEASE CIRCLE RESPONSE) Month Day Year

Guidance Counselor: _____ Phone #: (____) _____

Overall Grade Point Average (GPA): _____ Science GPA: _____ Math GPA: _____

PART II: EDUCATION

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.)

Course	Grade Level (Please Circle)	Course Grade	Course	Grade Level (Please Circle)	Course Grade
	8 9 10 11 12			8 9 10 11 12	
	8 9 10 11 12			8 9 10 11 12	
	8 9 10 11 12			8 9 10 11 12	
	8 9 10 11 12			8 9 10 11 12	
	8 9 10 11 12			8 9 10 11 12	
	8 9 10 11 12			8 9 10 11 12	

Have you taken the PSAT? Yes No
If yes, please indicate date and score?

Have you taken the SAT? Yes No

PSAT Date	Subject	Score
	Reading	
	Writing	
	Math	

SAT Date	Subject	Score
	Reading	
	Writing	
	Math	

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?

PART III: ESSAY

On this page, type or write legibly 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. You may use the reverse side of this sheet, if necessary.

PART IV: PARENT'S ENDORSEMENT/ACADEMIC TRANSCRIPT RELEASE**FOR PARENT'S OR LEGAL GUARDIAN'S SIGNATURE:**

I have reviewed my child's application for admission into the State Pre-College Enrichment Program (S-PREP) and I endorse his/her application.

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

Student's Signature

Date

Parent's or Guardian's Signature

Date

PART V: PARENTAL CONSENT

My child, _____, [name of child] has my permission to participate in the 2011-2012 cohort of the State Pre-College Enrichment Program (S-PREP) at the College of Physicians and Surgeons, 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. to 3:00 p.m. with a mandatory college preparation workshop from 12:00 – 1:00pm at the Hammer Health Science Center located at 301, located at 701 W. 168 Street, New York, NY 10032 (Corner of Haven Ave and Ft. Washington). S-PREP does not provide lunch for the students. Students are encouraged to take their break in the student lounge which has vending machines.

My permission is also given for my child, _____ [name of child], to perform laboratory procedures related to his/her course work and attend field trips to educational facilities during the 2011-2012 academic year. (Separate permission from the parent or guardian 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 New York Presbyterian Hospital 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.

Signature of Parent or Guardian

Date

Signature of Witness

Date

Print the full name and address of a person who can be reached between the hours of 9:00 a.m. and 5:00 p.m. in case of an emergency.

Name

Address

Phone Number

PART VI: 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 2011-2012 academic year.

PART VII: RECOMMENDATION LETTER

Two letters of recommendation must be submitted with the application. One letter must be from a math teacher and the other letter must be from a science teacher. 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** (Pages 1 - 4)
- _____ **Essay** (Page 3)
- _____ **Parental Endorsement/Academic Release Form** (Page 4)
- _____ **Parental Consent Form** (Page 4)
- _____ **Academic Transcript** (outlining previous academic performance)
- _____ **Report Card** with end of year grades from the 2010-2011 school year
- _____ **Two (2) Letters of Reference** from science and math teachers
- _____ **Letter of recommendation** from Guidance Counselor
- _____ **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:

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

Admission Deadline: Tuesday, May 31, 2011*

Should you have questions or concerns regarding the application process, please contact a program staff member at (212) 305-4157.

STATE PRE-COLLEGE ENRICHMENT PROGRAM (S-PREP)

SCIENCE TEACHER

LETTER OF RECOMMENDATION FORM

Applicant: _____
First Middle Last

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?

	Below Average	Average	Very Good	Excellent	One of the best ever
Academic performance					
Academic potential					
Character and maturity					
Enthusiasm and initiative					
Ability to work with others					
Motivation					
Leadership					
Work ethic					

How long have you known the applicant?

What can this student contribute to the program?

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

Summary Evaluation

- _____ 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.

Please include additional comments on the back of this form or an additional sheet.

Signature: _____ Date: _____
 Name: _____ School: _____
 Title and department: _____ Telephone: (_____) _____

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

Applicant: _____

First
Middle
Last

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?

	Below Average	Average	Very Good	Excellent	One of the best ever
Academic performance					
Academic potential					
Character and maturity					
Enthusiasm and initiative					
Ability to work with others					
Motivation					
Leadership					
Work ethic					

How long have you known the applicant?

What can this student contribute to the program?

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

Summary Evaluation

_____ 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.

Please include additional comments on the back of this form or an additional sheet.

Signature: _____ Date: _____

Name: _____ School: _____

Title and department: _____ Telephone: (_____) _____

STATE PRE-COLLEGE ENRICHMENT PROGRAM (S-PREP)

COUNSELOR LETTER OF RECOMMENDATION 2011-2012 State Pre-College Enrichment Program (S-PREP)

Student: _____

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, Program Coordinator at the address below.*

	poor	Fair	good	excellent	one of the best ever
Academic performance					
Academic potential					
Character and maturity					
Enthusiasm and initiative					
Work ethic					

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.

Please use other side for additional comments if needed.

Signature: _____ Date: _____

Name: _____ School: _____

Title and department: _____ Telephone: (_____) _____

2010-2011 STEP Application

ECONOMICALLY DISADVANTAGED ELIGIBILITY REQUIREMENTS
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I. Economic Eligibility Criteria for First-Time Students

(All economic eligibility criteria apply to the calendar year prior to the academic year of first entry into STEP. For 2009-2010, it is the 2008 calendar year.)

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 listed in the table below; **or**
 - a household supported solely by one member thereof who works for two or more employers with a total annual income which does not exceed the applicable amount set forth in the following table by more than **\$1,800; or**
 - a household supported by more than one **worker** (parents if dependent, student and spouse if independent) in which the total annual income does not exceed the applicable amount listed in the table below by more than **\$4,800; or**
 - a household supported by one **worker** (parent if dependent, student if independent) who is the sole support of a one-parent family in which the total annual income does not exceed the applicable amount listed in the table below by more than **\$4,800.**

For the purpose of this subdivision, the number of members of a household shall be determined by ascertaining the number of individuals living in the student's residence who are economically dependent on the income, as defined in subdivision 6 of this section, supporting the student.

New York State Opportunity Programs
Income Eligibility Criteria
2008-09 through 2010-11

Number of Members in Household	2008-09	2009-10	2010-11
1	\$15,140	\$15,590	\$16,060
2	\$20,390	\$21,000	\$21,630
3	\$25,650	\$26,420	\$27,210
4	\$30,900	\$31,830	\$32,790
5	\$36,150	\$37,240	\$38,360
6	\$41,410	\$42,650	\$43,960
7	\$46,660 ¹	\$48,060 ²	\$49,500 ³
This add-on allowance cannot be combined with the add-on amount shown below	Add \$5,250 for two workers or for one worker as sole support of a one-parent family*	Add \$5,410 for two workers or for one worker as sole support of a one-parent family*	Add \$5,570 for two workers or for one worker as sole support of a one-parent family*
This add-on allowance cannot be combined with the add-on amount shown above	Add \$2,630 for a household supported by one member working two or more jobs at the same time.	Add \$2,710 for a household supported by one member working two or more jobs at the same time.	Add \$2,790 for a household supported by one member working two or more jobs at the same time.

¹ Add \$5,250 for each family member in excess of 7.

² Add \$5,410 for each family member in excess of 7.

³ Add \$5,570 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 day-care 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 non-educational 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, third-party 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.

4. Responsibility for Documentation

It is the joint responsibility of the program director and a financial aid officer to verify that all first-time program students are economically eligible and that all of the appropriate documentation to verify this eligibility is on hand.

5. Eligibility Documentation and Reporting

All documentation needed to verify the economic eligibility of all new students accepted into the program should be in the students' folders. Those programs which do not have acceptable proof of student eligibility must inform STEP-SED by February 1st in writing that all documentation has been secured. Otherwise, the student(s) in question will be deemed ineligible.

The exception is for a student whose only missing income documentation is to be provided by a response to the IRS form 4506. Provided the institution has filed the 4506 prior to February 1st and has proof of the request on file, STEP-SED will extend the deadline to June 30th. A note should be included with the Final Report stating that the documentation is on file and that it verifies the student's economic eligibility.

If the information is not on file at the institution by the June 30th deadline, or the information does not provide sufficient proof that the student is eligible, the student will be deemed ineligible.

If students are deemed ineligible, enrollment reports and payments will be adjusted accordingly.