



**2013 UCLA Premedical/Pre dental Enrichment Program (UCLA PREP) Application**

*Office of Diversity, Inclusion and Outreach*

David Geffen School of Medicine  
University of California, Los Angeles

**INSTRUCTIONS TO COMPLETE APPLICATION: Type in your responses below**

*Personal data will remain confidential and will be used for reporting requirements set by program funding agencies.*

*(Note: If you have previously applied to medical school, dental school or any other health professions school, you are not eligible for these programs please explore our post baccalaureate program.*

**APPLICANT'S IDENTIFYING INFORMATION**

\_\_\_\_\_

Last Name	First	Middle
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\_\_\_\_\_

Social Security Number

\_\_\_\_\_

School ID Number

Please check which applies to you:

- Minimum 2.5 science GPA for freshmen and sophomores
- Minimum 2.8 science GPA for juniors and above

**APPLICANT'S CONTACT INFORMATION**

\_\_\_\_\_

Current Address	Apt. #
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\_\_\_\_\_

City	State	Zip Code
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Current Telephone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Permanent Address	Apt. #
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\_\_\_\_\_

City	State	Zip Code
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Permanent Telephone (\_\_\_\_) \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Last Name	First
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Emergency Telephone (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S PERSONAL INFORMATION**

Your Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Birth Date (month, day, year) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birth Place (city, state, country): \_\_\_\_\_

Gender:  Male  Female

U.S. Citizen:  Yes  No If not a US Citizen State of Legal Residence \_\_\_\_\_

Permanent Resident I.D. No. \_\_\_\_\_

Your Ethnicity

- AA = African-American/Black
- AI - American Indian / Alaska Native
- CA = Chinese/Chinese-American
- EI = East Indian/Pakistani
- FA = Filipino/Filipino-American
- JA = Japanese / Japanese-American
- KA = Korean / Korean-American
- MA = Mexican/Mexican-American/Chicano
- PI = Pacific Islander (Includes Micronesian, Polynesian, other Pacific Islanders)
- VA = Vietnamese / Vietnamese-American
- WH = White/Caucasian
- OA = Other Asian (not including Middle Eastern)
- OS = Other Spanish-American/Latino (includes Cuban, Puerto Rican, Central and South American)
- OT = Other \_\_\_\_\_
- DS = Decline to State

Marital Status:  Single  Married  Divorced/Separated  Widowed

Applicant's first language spoken

- English only
- Spanish only
- Asian only specify \_\_\_\_\_
- Other non-English only specify \_\_\_\_\_
- English & Spanish
- English & Asian
- Other bilingual specify \_\_\_\_\_

Employment Status:

- Not currently employed
- Employed full-time
- Employed part-time (\_\_\_\_) hours/week)

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Employers name, address, city, state, zip;

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Will you require financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No

**APPLICANT'S FORMATIVE YEARS**

**Applicant's Community**

*(Please identify the community you lived in when you were (for example 1-5 years of age, 6-11 etc).)*

Type of Community you lived in	1-5 years	6-11 Years	12-17 Years	18- Current
Rural or Farming				
Inner City/Low Income				
Metropolitan (densely populated area)				
Suburban (outskirts of a city)				
Foreign Country				
Other: (specify)				

Housing	1-5 years	6-11 Years	12-17 Years	18- Current
Homeless				
Public or Subsidized				
Rented by Family				
Owned by Family				
Other: (specify)				

*Please specify occupation of your parents when you were (ex. 1-5 years of age, 6-11 etc.,)*

Occupation	1-5 years	6-11 Years	12-17 Years	18- Current
Father				
Mother				
Spouse (if applicable)				
Your occupation and number of hours you worked per week				

*Please identify the amount of income made by your parents when you were (ex 1-5 years of age, 6-11 etc.)*

Annual Income	1-5 years	6-11 Years	12-17 Years	18- Current
Father				
Mother				
Spouse (if applicable)				
Your annual income				

**Family's Educational Background**

	Highest Educational Level Completed	If applicable, degree completed
Father		
Mother		
Paternal Grandfather		
Paternal Grandmother		
Maternal Grandfather		
Maternal Grandmother		
Siblings (name _____) age ____		
Siblings (name _____) age ____		
Siblings (name _____) age ____		
Siblings (name _____) age ____		

**APPLICANT'S EDUCATIONAL DATA**

High School \_\_\_\_\_  
 Name City State Graduation Date

Cumulative High School GPA \_\_\_\_\_

SAT Scores: Total Score \_\_\_\_\_ Date taken \_\_\_\_\_

**ALL COLLEGES, GRADUATE AND PROFESSIONAL SCHOOLS ATTENDED (list in chronological order)**

Name	Location	Dates of Attendance MM/YY - MM/YY	Check if Summer Only (.)	Check if Major Degree Granted	Jr./Comm. or Expected	College (.)

Cumulative Undergraduate Overall GPA \_\_\_\_\_ Cumulative Undergraduate Science GPA \_\_\_\_\_

Please list all science courses taken, **INCLUDING** repeats with grade received in the space below.

Biology	Grade	Chemistry	Grade	Physics	Grade	Math	Grade	All Other	Grade

DAT MCAT/Test Scores (if applicable):

NS \_\_\_\_\_ PAT \_\_\_\_\_ RC \_\_\_\_\_ QRT \_\_\_\_\_

Test Date	Verbal Reasoning	Biological Science	Physical Science	Writing

Date planning to take DAT/MCAT: \_\_\_\_\_

**APPLICANT'S EXPERIENCE**

Please list the most significant non-academic activities, in which you have participated including research, volunteer and paid work positions.

Job Title	Dates MM/YY - MM/YY	Number of hours per week	Location	Duties

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Please list your membership in student and community organizations, noting date(s)/year(s) of participation and any offices held:

Position	Dates of participation MM/YY - MM/YY	Organization	Location

Please list all premedical programs, in which you have participated:

NAME	LOCATION	DATES

Are you currently applying to any other premedical enrichment programs? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please list:

\_\_\_\_\_

How did you hear about UCLA PREP? \_\_\_\_\_

**SHORT ESSAYS (PLEASE COMPLETE A-F ON THIS APPLICATION FORM. NO MORE THAN 500 CHARACTERS PER RESPONSE)**

- a. Describe the geographic location and community during your childhood (0-18 years of age), including socioeconomic conditions, housing, cultural upbringing, and other relevant factors. **(Print for each question)**
- b. Describe any specific difficulties in your life. Include how you dealt with them and their influence upon your growth.
- c. What has been your experience working with underserved communities?
- d. Why do you want to become a physician or dentist?
- e. What premedical/predental advising services have you received from your undergraduate campus?
- f. Do you work? If so, at what age did you begin? Where and how many hours per week?

**PERSONAL ESSAY** (4500 characters max) *See final pages of this application form to complete essay*

- Describe your personal and family background.
- What special attributes do you have that make you unique?
- How have you developed your interest and knowledge in your chosen health profession? Why are you interested in becoming a physician or dentist?
- What do you expect to contribute and gain from your participation in UCLA PREP?
- Where do you envision yourself in ten years both professionally and personally

## STATEMENT OF AUTHENTICITY AND PARTICIPATION

I certify that the above information is true and correct. I agree to provide, if requested, any official documentation necessary to verify this information. I understand that false statements or misrepresentation on this form may result in cancellation of admission to UCLA PREP.

If accepted to UCLA PREP, I will participate fully in the program and abide by all the rules and regulations as stipulated by the Director. This includes, to the best of my ability, my attendance at all classes, workshops, special presentations and group sessions arranged with my mentor, teaching assistant or peer advisor during the stated period of the program. I agree to actively participate in all program follow-up throughout my professional career. I understand that if accepted to the program my picture may be used for recruitment purposes.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION COMPONENTS

- Completed and signed application form.
- Two letters of recommendation, one from a science professor and one from a counselor/premedical advisor or employer.
- Official transcripts from all colleges and universities attended.
- Copy of your current financial aid award letter from your undergraduate institution.
- Personal essay of 2-3 pages describing your personal family and community background; your motivation for a medical career; what you have done to develop your interest and knowledge of modern medicine, and what you envision yourself contributing through your career.
- Include a wallet-size photo (applicant should submit a recent photo with name written on back)
- Finalists will be granted an interview. A telephone interview will be arranged for applicants who are not within a radius of 50 miles.

## DEADLINE

Completed applications and supporting materials must be postmarked on or before  
**March 1, 2013**

Materials postmarked after that date will not be considered

**Please make sure you have read the Application Components.**

**Incomplete applications will not be considered.**

Return this application with supporting materials postmarked **on or before March 1, 2013** to:

UCLA PREP  
Office of Diversity, Inclusion and Outreach  
David Geffen School of Medicine at UCLA  
10833 Le Conte Ave, CHS 14-214R CHS  
Post Office Box 956990  
Los Angeles, CA 90095-6990  
Phone (310) 825-3575



**PERSONAL ESSAY STARTS HERE (NO MORE THAN 4500 CHARACTERS)**



