



**Hispanic Center of Excellence**  
**Albert Einstein College of Medicine**  
**Summer Undergraduate Mentorship Program 2007**



**Application**

Please provide complete information below:

**Background Information:**

Student's Name: \_\_\_\_\_  
Last First Middle Initial

Permanent Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Current Mailing Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

School e-mail: \_\_\_\_\_ Personal e-mail: \_\_\_\_\_  
 I prefer you e-mail me at:  school e-mail  Personal e-mail

School Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Pager: \_\_\_\_\_  
 I prefer you call me at:  School Phone  Cell Phone  
 Home Phone  Pager

Male  Female Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First Middle Initial

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

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Middle Initial

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

Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

**Demographics:**

Are you a US Citizen?  Yes  No

If No (please provide visa type and nationality): \_\_\_\_\_

**Ethnicity: (check if applies):**

- American Indian or Alaskan Native
- Asian
- Black or African American
- White (*not of Hispanic Origin*)
- Native Hawaiian or Pacific Islander \_\_\_\_\_  
Please specify

**(may check multiple choices):**

- Cuban
- Dominican
- Mexican American
- Puerto Rican
- Other Hispanic \_\_\_\_\_  
Please specify

Do you speak another language?  Yes  No Which one(s) \_\_\_\_\_

**Emergency Contact Information:**

Emergency Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

**Campus Information:**

Attending College/University: \_\_\_\_\_

School's Mailing Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Major field of study: \_\_\_\_\_ Minor: \_\_\_\_\_

Overall GPA\*\* \_\_\_\_\_ Major GPA: \_\_\_\_\_

How many years of college have you completed? \_\_\_\_\_

Expected date of Graduation: \_\_\_\_\_

Career Goal/area of interest/or medical specialty: \_\_\_\_\_

When are you expecting to take the MCAT exam? \_\_\_\_\_

Are you taking a MCAT Review Course?  Yes  No  
If yes which one? \_\_\_\_\_

\*\* The cumulative GPA must be apparent on transcript. If not, a letter from the Registrar's office must be included which indicates cumulative GPA. Transcript or letter should also indicate the current courses being taken.

Scholarships, Prizes, Awards, Membership in Honorary and Professional Societies, Community Activities, Participation in other Health, Educational related programs: (i.e. HEOP, ASPIRA, STEP.)

\_\_\_\_\_  
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**PLEASE ATTACH YOUR RESUME TO APPLICATION**