# SHPC logo.pngME_logo_final.pngMedical Experience Program

### Spring 2012 Application

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | | | | First | | |  | | | | | | | M.I. | |  | | Date | |  | | | |
| Campus Mailbox # | | | | | |  | | | | | | | | | | | | Cell Phone # | |  | | | | | | | | | | | | |
| E-mail Address | | | | |  | | | | | | | | | | | | | | | | | Cumulative GPA | | | | | | | | | | |
| What is your Spring 2012 semester status (junior, 3/5, etc) | | | | | | | | | |  | | | | |  | | | Are you planning on taking the MCATs or DATs? | | | | | | | | | | YES [] | | NO [] | | |
| What is your major? | | | | | | Chemistry [] | | | Chemical Biology [] | | | | | | | | Biomedical Engineering [] | | | | | | | Minors: | | | | | | | | |
| Have you ever applied for this program? | | | | | | | | | | YES [] | | NO [] | | | | | If so, when? | | | | | | | | | | | | | |  | | |
| Are you certified as a volunteer at Hoboken University Medical Center?  If yes, approx how many hours: | | | | | | | | | | YES [] | | NO [] | | | | | **If not, you MUST attend a volunteer orientation at HUMC before starting this program.** | | | | | | | | | | | | | |  | | |
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| Extracurricular information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On Campus Activities *(Please be brief.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To |  | | | Title | | |  | | | | | Description: | | | | | | | | | | | |  | |
| From | |  | | | | | To |  | | | Title | | |  | | | | | Description: | | | | | | | | | | | |  | |
| From | |  | | | | | To |  | | | Title | | |  | | | | | Description: | | | | | | | | | | | |  | |
| Off Campus Activities *(Please be brief.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To |  | | | Title | | |  | | | | | Description | | | | | | | | | | | |  | |
| From |  | | | | | | To |  | | | Title | | |  | | | | | Description | | | | | | | | | | | |  | |
| From |  | | | | | | To |  | | | Title | | |  | | | | | Description | | | | | | | | | | | |  | |
| Employment *(Please be brief.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To |  | | | Title | | |  | | | | | Description: | | | | | | | | | | | |  | |
| From | |  | | | | | To |  | | | Title | | |  | | | | | Description: | | | | | | | | | | | |  | |
| From | |  | | | | | To |  | | | Title | | |  | | | | | Description | | | | | | | | | | | |  | |
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| Medical interests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please briefly describe your future career in medicine (please do not exceed 250 words). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.  Please save this application as “Last Name\_First Name\_SHPC\_MEP\_APP\_SPR2011.docx” and email it to [meprogram@gmail.com](mailto:meprogram@gmail.com) along with your resume. MEP Committee will contact you for an interview. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | Date | | | | |  | | | | | |