



UNDERGRADUATE HEALTH SCIENCES ACADEMY AT MOREHOUSE SCHOOL OF MEDICINE

**Morehouse School of Medicine
Educational Outreach and Health Careers
720 Westview Drive
Atlanta, GA 30310
Telephone: (404)756-5728**

Make a positive step toward a career in science

In response to the growing need of health care professionals in Georgia's underserved urban and rural populations, the Undergraduate Health Sciences Academy (UHSA) at Morehouse School of Medicine (MSM) seeks to add supplemental training and support to students in an effort to prepare them for careers in health and biomedical fields. The UHSA at MSM provides a unique opportunity for undergraduate students at member institutions to collaborate with Morehouse School of Medicine faculty and students in a community effort towards health equity. The UHSA at MSM affords participants the following benefits:

- Preparation for health professions majors, professional schools, and science graduate programs
- Access to health professional shadowing, laboratory research, summer externships and service learning opportunities
- Access to with Health Sciences faculty and mentoring
- Access tutoring services, small student cohort groups, and peer advisement
- Access to student laptop loaner program, *if needed
- Graduate and professional test preparation
- Support network of students, professors, and advisors
- Assistance with financial aid and scholarships

**Applicants must meet all of the following criteria
as of the application deadline:**

- Must be accepted to and attend one of the following institutions:
 - Clark Atlanta University
 - Morehouse College
 - Spelman College
- Must have completed no more than one semester of postsecondary education.
- Must have a minimum cumulative GPA of 2.75 on a 4.0 scale with at least one science/mathematics course taken or a GPA of 3.0 without a science or mathematics.
- Declared a major in Science, Technology, Engineering, Arts or Mathematics with an expressed interest in Health Care or Biomedical Sciences.

**Complete Applications MUST include all of the following
and be submitted by FEBRUARY 3, 2017:**

- Complete UHSA at MSM Application
- Sealed official transcripts (from all postsecondary institutions attended)
- Letter of recommendation (recommendation letter must be accompanied by the enclosed recommendation form)
- 500 words or less personal statement describing your career goals, background, your interest in pursuing a career in the health or biomedical sciences, and the relationship to this program

Please submit your application to your home institution:

Clark Atlanta University
Dean of School of Arts & Sciences
Sage Bacote 103
223 James P. Brawley Drive
Atlanta, GA 30314

Morehouse College
Office of Health Professions
Nabrit Mapp McBay Science 218
830 Westview Drive, SW
Atlanta, GA 30314

Spelman College
Health Career Programs
Tapley Building, Suite 125
350 Spelman Lane, SW
Atlanta, GA 30314

[illegible]



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List all extra-curricular activities (student government, athletics, student organizations, volunteer and service-related activities, the Arts, and other miscellaneous extra-curricular activities).				
Activity/Organization (Please avoid abbreviations)	Your Role/Positions Held	FROM (Month/Year)	TO (Month/Year)	Hours Per Week

List all honors and awards that you have received..	
Description of Honor or Award	Date Received

I certify that the information I have provided on this application is complete, accurate, and true to the best of my knowledge. I understand that withholding pertinent information requested on this application or providing false information will make me ineligible for acceptance into the UHSA at MSM.

APPLICANT'S FULL NAME (PLEASE PRINT):	APPLICANT'S SIGNATURE:	DATE

Privacy statement: All information on the application form is private. The information requested will be used for identification, to determine admission and scholarship awards, and to establish your UHSA at MSM record if you are accepted into the program. Nothing is sold to any third parties. Failure to provide the information may delay or affect the admission or scholarship decision. Providing your Social Security number is voluntary and will be used for positive identification, program statistics, program research, and required reporting. Information will be shared with offices within the Morehouse School of Medicine for the uses described above and may be released to outside organizations and in limited circumstances, as authorized by law.



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720 WESTVIEW DRIVE, ATLANTA, GA 30310
Email to: UHSA@msm.edu

Applicant Information:

APPLICANT'S LAST NAME:	APPLICANT'S FIRST NAME:	APPLICANT'S MIDDLE NAME:

Under the provisions of the Family Education Rights and Privacy Act of 1974, you (if admitted and enrolled) will have access to the information provided unless you have waived such access. Please sign and date below to inform us of your decision.

- ☐ I hereby waive my right of access to the information recorded below. OR
☐ I do not waive my right of access to the information recorded below.

APPLICANT'S FULL NAME (PLEASE PRINT):	APPLICANT'S SIGNATURE:	DATE

Evaluator Information:

EVALUATOR'S LAST NAME:	EVALUATOR'S FIRST NAME:	EVALUATOR'S MIDDLE NAME:
EVALUATOR'S TITLE:		
RELATIONSHIP TO THE APPLICANT		LENGTH OF RELATIONSHIP WITH THE APPLICANT

Directions to the Evaluator:

The above named student is applying for admission to the Undergraduate Health Sciences Academy (UHSA) at Morehouse School of Medicine (MSM). We are interested in your candid appraisal of his/ her intellectual motivation and the quality of his/her work. Your evaluation is very important to us and will be an integral element in our decision process. Specifically, your insight as to whether or not the above named student is a good candidate for this program designed to prepare students for careers in Health and Biomedical Fields.

Please complete the below chart and write a letter of recommendation for this student. Place completed form and letter of recommendation in an envelope, seal it, and write your name across the sealed flap, so that your comments will be private. Please return the sealed envelope to the above address or to the student as soon as possible so that they may include it in their application packet, which is due by

Please put an X in the appropriate column for each of the following statements:						
	Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the Top Few in My Career
Motivation						
Perseverance						
Emotional Stability						
Academic achievement						
Written expression of ideas						
Effective class discussion						
Disciplined work habits						
Potential for growth						
Summary Evaluation						

Check the best answer to the following question: Would you like to teach this student in another class?

☐ Yes, definitely	☐ Maybe	☐ Definitely not
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In your letter of recommendation, please include this student's outstanding school achievement, the qualities this student possesses that makes them stand out, and any concerns you would like to share. Your comments will be especially useful in the selection process.

EVALUATOR'S FULL NAME (PLEASE PRINT):	EVALUATOR'S SIGNATURE:	DATE



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Perseverance						
Independent initiative						
Academic achievement						
Written expression of ideas						
Effective class discussion						
Disciplined work habits						
Potential for growth						
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