



SCHOOL OF MEDICINE

INDIANA UNIVERSITY
Office of the Dean

**Division of Diversity Affairs
Diversity Outreach Comprehensive Science (DOCS) Initiative**

Announces

Free, Full Day Summer Opportunities for 5th – 8th Graders!

- **Brain Link ...** Brain Link is an interesting and exciting Mathematics, Science and Language Arts skills-enhancing program for 5th and 6th graders. The program features three weeks of classroom and hands-on laboratory training that uses dissections of sheep brains and frogs to focus on the brain's anatomy and physiology. This opportunity is **limited to 100 participants.**
- **Middle School Academy of Science and Health Sciences (MASH)...** This skills-enhancing program offers 7th and 8th graders three weeks of rigorous and creative classroom and laboratory experiences that explore Mathematics, Science and Language Arts. The program uses hands-on dissections of the fetal pig to study essential requirements of living organisms. **Participation is limited to 100.**

Classes begin on Monday, July 11, 2011 and end on Friday, July 29, 2011, and participants are in sessions Monday through Friday from 8:30 a.m. to 4:30 p.m. on the IUPUI campus. Students interested in careers in Medicine and allied health care professions as well as those who have yet to determine their career goals are encouraged to apply. An **application is on the reverse side, or you may request one at the following website: <http://www.faculty.medicine.iu.edu> . The application deadline is June 1, 2011.**

Indiana University School of Medicine
Division of Diversity Affairs

Brain Link/MASH Application

About the Programs: These FREE, full-day science education enrichment programs for 5th through 8th graders feature hands-on classroom and laboratory sessions along with career awareness and exploration activities. The program activities are designed to nurture students' interests in pursuing medical and other health care professions. Instruction in these programs is provided by area elementary and middle school teachers for three weeks at the Indiana University School of Medicine. The application along with a letter of recommendation from a teacher and a paragraph from the student telling us why he/she would like to participate should be sent to:

Fredrick Hamilton
Indiana University School of Medicine, Division of Diversity Affairs
635 Barnhill Drive – MS209
Indianapolis, IN 46202

Only applicants submitting **completed applications** by the **June 1, 2011** deadline will be considered.

Student Information

Last Name _____ First Name _____
Street Address _____ City/State/Zip _____
School Name _____ Date of Birth _____
School Address _____ City/State/Zip _____
Social Security # ____ - ____ - ____ Grade (2011--12) _____ T-Shirt Size _____

Emergency Contact

Parent/Guardian Name _____ Relationship: _____
Street Address: _____ City/State/Zip: _____
Phone # ____ - ____ - ____ Occupation: _____
Have you participated in any other IUSM programs? ____ Program(s) name and date _____

I, _____, have read and understand the program description on the reverse side of this Application and do hereby give my permission for the above-named student to participate in this program. I will deliver the student to the Program site at 8:30 a.m. and pick the student up at 4:30 p.m. daily. I will also provide snacks and lunches daily. I further agree to attend the Program orientation and provide income date if the student is selected for participation.

Parent Signature _____ Date _____



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**CAMP MD SUMMER ENRICHMENT PROGRAM APPLICATION
FOR MINORITY HIGH SCHOOL STUDENTS**

July 11, 2011 – July 29, 2011

APPLICATION DEADLINE: June 1, 2011

DATE: _____

Name:			S.S. #:
Last	First	Middle	
Address:			
City:	State:	Zip Code	
Phone Number: ()		Alternate Phone Number: ()	
E-Mail Address:			
Age: _____	Date of Birth: _____	Male ___	Female ___
Current Grade: _____		Grade in Fall 2011: Freshman ___ Sophomore ___ Junior ___	
Senior ___ or June 2011 Graduate _____			
If you're a June graduate please list the name of college or university you will attend:			
In case of an emergency, Notify (Name):			
Phone Number: ()		Alternate Phone Number: ()	
Racial Group: ___ American Indian or Alaska Native ___ Asian ___ Black or African American			
___ Hispanic or Latino		___ Native Hawaiian/Other Pacific Islander	
___ Two or More Races		___ White	

Do you have any Physical Disabilities that require specifically designed instructional materials or programs, modified physical facilities, or related services to enable full participation in and access to the program?
___ Yes ___ No **If yes, Specify:**

Please indicate t-shirt size (please circle one): SM M L XL 2XL Other: _____

Education Background:

High School: _____ Principal Name: _____

Address: _____ City, State, Zip Code _____

() _____
Phone: _____ Start Date _____

Cumulative: GPA: _____

You **must** correctly complete the grade point average information. Math/Sci: GPA: _____

Name of Guidance Counselor: _____

Have you taken the SAT or ACT test? Yes ___ No ___

If so, what are your scores? SAT Scores: Verbal: _____ Math: _____ ACT: _____

At this time do you plan to attend college? Yes ___ No ___

If so, what are you considering for your major _____

What is your career choice? _____

Have you ever entered a project in a science fair? If yes, what was it, when and where?

Essay: Please attach a short essay (no more than 250 words) on the following topic:

"Why do you want to participate in the CAMP MD Summer Enrichment Program?"

In order for your application to be considered complete, you must include your high school transcript and one (1) letter of recommendation from your high school science or math teacher or from your guidance counselor. The documents are to be mailed directly to the address listed below.

Incomplete applications will be ineligible for consideration. No application will be considered after the deadline: **Please return by June, 1 2011** to:

Camp MD Summer Enrichment Program
Indiana University School of Medicine
Division Of Diversity Affairs
635 Barnhill Drive, MS 209
Indianapolis, Indiana 46202

If you have any questions please contact: Fredrick Hamilton, Director
Phone: (317) 278-3142 Email: fhamilto@iupui.edu

I certify that all of the information contained in this application is accurate and complete.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____