

# **S2M2: SCIENCE, SERVICE, MEDICINE, AND MENTORING 2008 SUMMER PROGRAM APPLICATION**

## **BACKGROUND**

The Office of Recruitment and Diversity (ORD) implemented the Science, Service, Medicine, and Mentoring (S2M2) program for the first time during the Summer of 2004. S2M2 was developed in order to help high school students, already interested in science and medicine, continue down the path that will lead them to achieve their goals. The program was established in cooperation with the Uniformed Services University of the Health Sciences and especially the Admissions Department and the Office of Alumni Affairs.

## **VISION/ MISSION**

The vision of the S2M2 program is to cultivate the next generation of top quality, culturally competent, academic physicians and scientists. The mission of the S2M2 program is three-fold: 1) to encourage, nurture, and enhance the commitment to science and medicine in a welcoming and intellectually stimulating environment for groups of diverse high school students; 2) to develop leadership, teaching, and mentoring skills among USU medical students and prospective students; and 3) to provide long term mentoring and learning opportunities to students interested in pursuing a career in science and service in the context of military medicine.

## **2008 PROGRAM DATES AND DURATION**

S2M2 is an intensive five-day program. This year the program will be held twice, with one session being July 21-15, 2008 and the other being held August 4-8, 2008. The program each day will start at 8 a.m. and end at 5 p.m. There will be adult supervision until 6 p.m. Parents are encouraged to pick their children up in front of Building B between 5 and 6 p.m. daily. Ten scholars will be accepted into each session.

## **ELIGIBILITY**

Applicants for the S2M2 program must be high school students entering 10th, 11th, or 12th grade. Applicants should be in good standing academically and have completed high school biology as a minimum. Scholars will be selected on the basis of scholastic achievement, interest in science and particularly in the field of medicine, leadership skills, a sense of community service, and personal attributes. Applicants must be U.S. citizens and must attend the entire session. Some activities will require working with a partner, and a student's absence may adversely impact another's performance. In addition, students must be able to arrive on time, as some activities may involve group transportation to another facility.

## **APPLICATION PROCEDURE**

Applicants must complete and submit a formal application package with all the required materials to be considered for acceptance. The package must include a completed application, a one-page essay explaining why you want to enter the health sciences/ medical profession and how you think this program will help achieve that, and one letter of recommendation from a high school science teacher or guidance counselor.

**Please be sure the following items have been completed and/or provided before mailing application:**

Application Package Checklist (provided as a guide)

1. Completed and signed application
2. Essay
3. One letter of recommendation; from a science teacher or guidance counselor

All documents must be received by April 30, 2008, and sent to:

Office of Recruitment and Diversity  
Attn: S2M2 Program Coordinator  
Uniformed Services University of the Health Sciences  
4301 Jones Bridge Road  
Bethesda, MD 20814

You may also fax them to 301 295-6599. A cover sheet is not necessary.

Scholars will be notified of acceptance by mail no later than June 13, 2008.

**APPLICATION CAN BE PHOTOCOPIED  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR REVIEW**

### **GUIDELINES TO COMPLETE A SUCCESSFUL APPLICATION**

Below you will find some guidelines to help you as you complete the application process.

#### **APPLICATION**

Make sure that you complete all sections of the application. Incomplete applications will not be considered for review.

#### **ESSAY – (PLEASE TYPE)**

On a separate page, please write a one-page essay on your plans and goals for the future. Tell us why you want to pursue a career in the health sciences/medical profession and how you think attending this program will help you achieve that.

#### **LETTERS OF RECOMMENDATION**

Make a copy of this page and ask the teacher or guidance counselor who will be writing your letter of recommendation to follow the guidelines below:

Please take your time writing this letter and be fair to the applicant. When writing the letter of recommendation, please assess the applicant's interest in a career in the health sciences and share any observations and inferences that would be useful in deciding the student's participation in the program. This is particularly important because some activities require working as a group to accomplish a task, oral presentations, and role-playing.

**SUMMER PROGRAM APPLICATION**  
**S2M2 – 2007**  
**APPLICATION DEADLINE: April 30, 2008**

Last Name		First Name		Middle Name	
Date of Birth	Place of Birth		Social Security Number		Gender
Mailing Address					
City			State		Zip Code
Telephone Number			Cell Phone Number		
Email					

High School				School Telephone Number	
Mailing Address					
City			State		Zip Code
Current Grad Level		Total GPA		Science GPA	
Name of School Guidance/Academic Counselor			Counselor Telephone Number		
Counselor Email Address					

What science courses have you taken and/or are you currently taking? Please list:	
1.	5.
2.	6.
3.	7.
4.	8.

Father's Name		Occupation		Phone Number	
Mother's Name		Occupation		Phone Number	
Person to be Notified in Case of an Emergency			Relationship to Applicant		Phone Number

Please list your extracurricular activities (include all school, community, and/or religious activities):

Activity	From:	To:

Are you interested in a Health Sciences/ Medical Career? Yes  No  Unsure

If yes, what field are you interested in? \_\_\_\_\_

If no, what career do you plan to pursue? \_\_\_\_\_

Do you have any health disabilities that we should be aware of? Yes  No

If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Also list any disabilities that may prevent you from continuous walking and/or walking long distances)

Please select your first choice and second choice for session dates.

July 23<sup>rd</sup> – 27th \_\_\_\_\_

August 6th – 10th \_\_\_\_\_

No preference \_\_\_\_\_

Please check your preferred t-shirt size.

x-small       small       medium       large       x-large

How did you find out about this program? \_\_\_\_\_

I hereby pledge that the information contained above is, to the best of my knowledge, up to date and accurate.

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

Detach this application and submit with the following materials: (Refer to Applicant Checklist)

- One letter of recommendation (from a science teacher or guidance counselor)
- Essay (one page)

Please call 301-295-3965 if you have any questions. You may also email Miss LaRhonda Baker, Youth Programs Coordinator, [lbaker@usuhs.mil](mailto:lbaker@usuhs.mil)