



**Student Educational Enrichment Program in the Health Sciences  
For Pre-College Students  
A Seven Week Summer Enrichment Program  
May 30-July 17, 2009**

**ALL SEEP APPLICATION MATERIALS MUST BE RECEIVED BY MARCH 1, 2009  
Information and Instructions for Applicants (Please Read Carefully)**

We are pleased that you plan to apply for admission to the Student Educational Enrichment Program (SEEP) at the Medical College of Georgia. It is very important that all persons wishing to make application do so immediately. Final decisions on an application cannot be made until procedures 1 through 8 (below) are completed and the Selection Committee reviews the applicant's folder. **Completed applications must be postmarked by March 1, 2009. A completed application consists of: 1) Application Form, 2) Personal Statement, 3) Official Transcript(s), 4) Two Recommendation Forms, 5) SAT/ACT score verification, and 6) Income Verification.**

**Application Instructions:**

1. Complete application form on-line. Print completed application, sign and forward to the Office of Educational Outreach and Partnerships.
2. SEEP is primarily for Georgia Residents. All applicants must be U.S. Citizens; however, applicants with Permanent Resident status will be considered. Permanent residents **must** provide a copy of their permanent resident card.
3. Have up-to-date official transcript forwarded directly to the Office of Educational Outreach and Partnerships by the Counselor and/or Registrar of the institution attending. **All transcripts must be official. Those forwarded by students are not valid.**
4. Enter standardized (SAT or ACT) test scores at appropriate place on application. **You may check with the Registrar's office at your institution to see if these scores are on your transcript. If they are not, submit an official copy of scores from the Educational Testing Services, Rosedale Road, Princeton, NJ 08541; 1-609-921-9000 or [www.ets.org](http://www.ets.org).**
5. Have recommendation forms completed by two persons familiar with your academic ability (preferably completed by science and mathematic teachers).
6. Verification of family income information must be provided for application to be considered. **You must submit a copy of your family's most recent federal income tax return or submitted FAFSA.**
7. Application may be completed on-line at <http://www.mcg.edu/careers/specop/Apply.htm>. The completed application should be printed and mailed to the address given on page 6 of the application.
8. **The application deadline is March 1, 2009.** It is your responsibility to make certain all of your application materials are received in our office or post marked by the March 1<sup>st</sup> deadline. **Applications or materials received or postmarked after March 1<sup>st</sup> will not be processed.**
9. If you desire additional information, please contact the Office of Educational Outreach and Partnerships at (706) 721-2522; fax (706) 721-8203; e-mail at [ljames@mail.mcg.edu](mailto:ljames@mail.mcg.edu).



**II. Educational Background:**

**Current High School attending:**

<b>High School:</b>	<b>City and State</b>	<b>From</b> <small>(MONTH/YR)</small>	<b>To</b> <small>(MONTH/YR)</small>	<b>Degree/Diploma</b>
_____	_____	_____	_____	_____

**High School previously attended:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Projected Graduation date:** \_\_\_\_\_  
(MONTH/YR)

**List science and mathematics courses currently taking and those you have completed.**

<b>Course</b>	<b>Grade</b>	<b>Course</b>	<b>Grade</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Standardized test(s) you have taken or plan to take: OFFICIAL COPIES OF TEST SCORES MUST BE SUBMITTED**

<b>Tests:</b>	<b>Date Taken</b>		<b>Date Plan to Take</b>		<b>Scores:</b>			
					<b>Reading/Verbal</b>	<b>Math</b>	<b>Writing</b>	<b>Total</b>
PSAT	_____	_____	_____	_____	_____	_____	_____	_____
SAT	_____	_____	_____	_____	_____	_____	_____	_____
ACT	_____	_____	_____	_____	_____	_____	_____	_____

**List Honors and Awards received:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List extracurricular and community service activities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. Family and Financial Information:**

**Father's Name:**

\_\_\_\_\_

First Name

Middle Initial

Last Name

Father's Address: \_\_\_\_\_  
Street /Number City & State Zip Code

Father's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Mother's Name:**

\_\_\_\_\_

First Name

Middle Initial

Last Name

Mother's Address: \_\_\_\_\_  
Street/Number City & State Zip Code

Mother's Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of immediate family members residing in household: \_\_\_\_\_

**Do you reside in a single family head of household (only one parent)?**  Yes  No

**Income Information (must be provided for application to be considered)**

Personal annual income, **if independent of parents:** \_\_\_\_\_

Parent(s) annual income, **if dependent:** \_\_\_\_\_

Family annual income, **if married:** \_\_\_\_\_

**A copy of family's most recent Federal Income Tax Return (2007 acceptable) must be provided or a copy of the most recently submitted FAFSA is acceptable (high school seniors). Contact the SEEP Director for clarification.**

\*FALSE FINANCIAL AND/OR OTHER INFORMATION PROVIDED CONSTITUTES FRAUD AND SUBJECTS APPLICANT TO DISQUALIFICATION.\*

**Educational Level (Family Members)**

Please give the highest education level for immediate family members

Father: \_\_\_\_\_ Older Brother(s): \_\_\_\_\_

Mother: \_\_\_\_\_ Older Sister(s): \_\_\_\_\_

**Will you be the first to attend college in your immediate family?**  Yes  No

**IV. Recommendations:**

Please list names of two persons who have consented to complete recommendation forms for you. It is your responsibility to see that a form is sent from each of the persons named below. We prefer recommendations by persons familiar with your academic background.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Area Code Phone #

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Area Code Phone #

**V. Other Information:**

**Have you participated in a Summer Enrichment Program at another Institution?**  Yes  No

If yes, Name of Institution: \_\_\_\_\_ Date(s): \_\_\_\_\_

**What Health career or related profession are you interested in pursuing?** \_\_\_\_\_

**How did you find out about this program?**

- School advisor
- MCG recruiter
- MCG Website
- MCG Brochure
- College newspaper
- Other, please specify \_\_\_\_\_

**VI. Disciplinary Actions/Violations**

Have you been convicted of a crime, other than minor traffic violations? For the purposes of this application, criminal convictions include any adjudication of guilt by a judge or jury for any crime. This does not include minor traffic offenses, but it does include “no contest” pleas, first offender treatment, convictions which are under appeal and convictions which have since been pardoned. Minor traffic offenses are those, which do not involve driving while under the influence of alcohol or other drugs, which did not result in imprisonment and for which a fine of less than \$250 was imposed.

Yes       No

If “yes”, attach a complete explanation on a separate sheet. An answer of “yes” to the above question may result in a request from the Selection Committee for additional information and documentation.

Have you ever been subjected to any disciplinary action by any of the educational institutions you have attended?

Yes       No

If “yes” attach a complete explanation on a separate sheet. An answer of “yes” to the above question may result in a request from the Selection Committee for additional information and documentation.

In signing this application, I hereby certify that all statements herein are true, correct and complete, and that I have not omitted any information.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**All forms should be returned to:**

**Medical College of Georgia-School of Medicine  
Office of Educational Outreach and Partnerships  
Student Educational Enrichment Program (SEEP)  
1120 15<sup>th</sup> Street, Suite CB-1801  
Augusta, GA 30912-1900**

**VII. Personal Statement**

Please write a concise personal statement of approximately 200 words explaining your educational and family background, health career goals, your preparation plan in attaining your health career goals, and your interest for participation in SEEP. Please type essay and attach to this application.