

Community Affairs  
Science and Math Excellence (SAME) Network  
College Preparatory Enrichment Program

2007-2008

## APPLICATION GUIDELINES

### Program Overview

The SAME Network College Preparatory Enrichment Program (CPEP) operated by the Department of Community Affairs of Rush University Medical Center will offer participants in grades sixth through eight an opportunity to participate in year-round after school and summer learning activities. Participants are accepted in the program as sixth graders and are retained until they enter high school, at which time they matriculate to the High School Internship Program provided they meet minimum requirements, provided they meet minimum requirements each year. The goal of CPEP is to provide participants with equitable access to opportunities to excel in science at an international level. The SAME Network believes that by exposing participants to science while integrating math and technology, participants will gain increased confidence in their own abilities to perform related tasks, ultimately improving their academic achievements and encouraging more participants to enter into science-related careers.

CPEP is an inquiry-based program will be held after school, on Saturdays and on select non-attendance days. Participants in grades seven and eight will experience an intense summer learning program on the campus of Benedictine University. CPEP also includes mentoring opportunities with teaching professionals, health and science professionals, senior community members, and SAME Network High School and College Interns. CPEP will offer family workshops and supplementary workshops help participants ultimately achieve education and career goals.

### Applicant Qualifications

- ◇ Possess a strong desire to pursue a science-related career, preferably health-related
- ◇ Be a US resident
- ◇ Enrolled in the sixth grade at a SAME Network school
- ◇ Have a minimum grade average of "C" or better in the past year
- ◇ Demonstrate good skills and positive habits
- ◇ Capable of devoting 80-130 hours to program activities on an annual basis

### Application Process

- ◇ Mail or deliver all sections of the *SAME Network College Preparatory Enrichment Program Application for 2007-2008* no later than **NOVEMBER 14, 2007**. Provide *Personal Information* requested
  - Briefly elaborate on all *Short Essays*
  - Submit copies of documents outlined in *Supplemental Information*
  - Submit two (2) original *Teacher Recommendation Forms* (available online at [www.rush.edu/CommunityAffairs/](http://www.rush.edu/CommunityAffairs/)) in a sealed envelope with application
  - Complete *Parent/Guardian Information*
  - Complete *Emergency Information*
  - Accept and sign *Applicant Statement* (Applicant)
  - Accept and sign *Parent/Guardian Statement* (Parent/Guardian)
- ◇ Finalists will participate in a personal interview with Rush University Medical Center staff and stakeholders. Interview dates are scheduled for January 2, 2008 and January 3, 2008 from 8:00 a.m. – 4:00 p.m.

- ◇ Successful candidates must submit a current physical and immunization record no later than January 19, 2008.

**Mail or deliver applications to:** Mishawna S. Manning, Community Affairs, Rush University Medical Center, 1653 West Congress Parkway, 401 Kidston Building, Chicago, Illinois, 60612-3833. Retain a copy of all submitted documents. For more information, contact Mishawna S. Manning at 312-942-3016 or [mishawna\\_s\\_manning@rush.edu](mailto:mishawna_s_manning@rush.edu).



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# APPLICATION

**DEADLINE: NOVEMBER 14, 2007.** PRINT IN BLUE OR BLACK INK ONLY.

## Personal Information

Applicant \_\_\_\_\_  
*Last name First name Middle Initial*

Birth date \_\_\_\_\_  
*mm/dd/yyyy*

Address \_\_\_\_\_  
*Number and Street Apt. #*

\_\_\_\_\_  
*City State Zip/Postal Code*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Area Code*

Email \_\_\_\_\_ @ \_\_\_\_\_

US Citizen  Yes  No **IMPORTANT:** If no, attach copies of supporting documentation of legal residency.

Place of birth \_\_\_\_\_  
*City County State Country*

## Education

School Name \_\_\_\_\_

Address \_\_\_\_\_  
*Number and Street Room #*

\_\_\_\_\_  
*City State Zip/Postal Code*

Current Grade  6  7  8

Previous school attended \_\_\_\_\_ Grade(s) in attendance \_\_\_\_\_

Previous school attended \_\_\_\_\_ Grade(s) in attendance \_\_\_\_\_

Previous school attended \_\_\_\_\_ Grade(s) in attendance \_\_\_\_\_

Office Phone (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
*Area Code Area Code*

CPS Student ID Number \_\_\_\_\_

## Optional Information

Gender     Male     Female

Racial/Ethnic Information (Check one)

- African American, Black (Non-Latino)
- Asian or Pacific Islander (Non-White)
  - Chinese     Japanese     Filipino     Vietnamese
  - Korean     Indian/Pakistani
  - Other Asian/Pacific Islander \_\_\_\_\_
- Native American or Alaskan Native (Non-White)
- Latino (Non-White)
  - Cuban     Mexican American     Puerto Rican
  - Other Latino \_\_\_\_\_
- White (Non-Latino)
- Other \_\_\_\_\_

Do you qualify to receive free or reduced lunch?     Free lunch     Reduced lunch     No

## Extracurricular Activities

List your extracurricular, community, family activities, and hobbies in the order of their interest to you. Check the box of all years you have or will participate in each activity.

ACTIVITY	GRADE LEVEL OF PARTICIPATION					APPROXIMATE TIME SPENT		POSITIONS HELD, HONORS WON, SPECIAL RECOGNITION
	4	5	6	7	8	Hours per week	Weeks per year	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



**REQUIRED Supplemental Information**

1. All participants must be a citizen of the United States and/or a lawful Permanent Resident. *Attach* a photocopy of your Birth Certificate, Naturalization Certificate, and/or Visa Alien Registration Card.

2. All participants must be in the sixth grade, earn grades of "C" or better, have excellent attendance and practice positive character traits. *Attach* a photocopy of your fifth grade final report card and a copy of your most recent sixth grade progress report.

**Teacher Recommendations**

Submit a minimum of two (2) teacher recommendations from current teachers in your school using the *Teacher Recommendations Form*. Submit the completed and signed *Teacher Recommendations Form* with your application. One of the teachers must be your science teacher and the other must be your homeroom teacher. If your homeroom teacher is the science teacher, submit a recommendation from another teacher. List the names of the teachers who will submit a recommendation.

Homeroom Teacher \_\_\_\_\_

Science Teacher \_\_\_\_\_

\_\_\_\_\_ Teacher#3 \_\_\_\_\_

**NOTE: Your application will not be considered if the *REQUIRED Supplemental Information* is not included with your application.**





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## APPLICATION STATEMENTS

### Applicant

If I, \_\_\_\_\_ am accepted into the College Preparatory  
(Print your name)

Enrichment Program, I agree to follow Rush University Medical Center/SAME Network policies and procedures. I understand I will be expected to be in attendance for program activities a minimum of 130 contact hours annually.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian

I, \_\_\_\_\_ grant permission for  
(Print your name)

my child, \_\_\_\_\_ to participate in College Preparatory  
(Print applicant's name)

Enrichment Program. I agree to provide support for my child and participate in two (2) family events annually.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Emergency Contact Information

Emergency Contacts will be called if a Parent/Guardian is unavailable. By providing an Emergency Contact, you are also authorizing your child to be released to listed individuals in the event of an emergency or non-emergency situation.

### Emergency Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*Last name, First name Middle Initial*

Address \_\_\_\_\_

*Number and Street Apt. #*

*City State Zip/Postal Code*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_

*Area Code Area Code*

Work Phone: (\_\_\_\_\_) \_\_\_\_\_

*Area Code*

### Emergency Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*Last name, First name Middle Initial*

Address \_\_\_\_\_

*Number and Street Apt. #*

*City State Zip/Postal Code*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_

*Area Code Area Code*

Work Phone (\_\_\_\_\_) \_\_\_\_\_

*Area Code*

### Emergency Contact #3

Name \_\_\_\_\_ Relationship \_\_\_\_\_

*Last name, First name Middle Initial*

Address \_\_\_\_\_

*Number and Street Apt. #*

*City State Zip/Postal Code*

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cellular Phone: (\_\_\_\_\_) \_\_\_\_\_

*Area Code Area Code*

Work Phone (\_\_\_\_\_) \_\_\_\_\_

*Area Code*