

UMBC ALUMNI MEDICAL FELLOWS PROGRAM

SPRING 2005 Student Application



return completed application with current resume and unofficial transcript to:
Miryn Alcantara
The Shriver Center
Public Policy Building, First Floor
or email to alcantar@umbc.edu
or fax to (410) 455-1074

APPLICATION DUE: MONDAY, FEBRUARY 28, 2005

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

EMAIL: _____

MAJOR: _____ GPA: _____

YEAR: ___ Freshman ___ Sophomore ___ Junior ___ Senior CREDITS: _____

What are your Top 3 choices of medical specialty areas?

1. _____

2. _____

3. _____

ESSAY: Please respond to the following on a separate sheet of paper (one page limit).

Discuss your interest in participating in the UMBC Alumni Medical Fellows Program and how this experience will complement your personal and professional goals.

WHENEVER POSSIBLE the program will give consideration to geographic preferences. Would you prefer your mentor's office to be located in:

___ Baltimore Area ___ Washington DC ___ Either Other: _____

Program Sponsored by: UMBC Office of Alumni Relations
THE SHRIVER CENTER
Pre-Med Society