

TAP MD Program Application



The **TAP MD** program began in 2011 under the umbrella of the Greater Cincinnati Health Council which is now part of The Health Collaborative. Since 2014, the program has been administered by Cincinnati MD Jobs. To learn more, visit: www.cincinnatiMDjobs.com/tap-md.

Note to Teacher/Counselor/Parent & Applicant:

The mission of TAP MD is to seek and find “untapped” talented high school students to increase the number of future Tristate urban and rural physicians. Any high school junior at least 16 years of age can be “tapped” by a school teacher or counselor. Students that will be accepted are strong academically, motivated, mature and dependable. Moreover, this student has a positive attitude! TAP MD students are particularly targeted because they have not yet decided upon a career choice, however, we want students who have true potential to one day enter medical school; as such we require a 29 ACT (4 main sections, composite score – do not include writing) OR a 1930 SAT composite (pre March 2016) / 1360 SAT (March 2016 or later) OR 1360 composite PSAT (October 2015 or later) score. **Application will require at least one qualifying ACT, SAT and/or PSAT score. Please send a verifiable best score, not averages.** Our scores are determined in conjunction with The UC College of Medicine Dual Admission Program Criteria. If you have any questions, please feel free to reach out.

There is a \$125 participation fee to be a student in this program.

- The \$125 participation fee will be due after acceptance, by the first event & is the responsibility of the student and not their school. However, schools are allowed to pay on behalf of student (s).
- A financial waiver is available to cover costs for any student unable to provide payment of fee. (Please see section 9/page 5 for more information)
- Having or not having ability to pay this fee will not **in any way** affect a student’s acceptance into the program.

Application Instructions:

- Return application by postal mail, or scan in and send by e-mail to:

Heleena McKinney, Program Coordinator

TAP MD (Cincinnati MD Jobs)

615 Elsinore Place, Suite 500

Cincinnati OH 45202

E-mail: HMckinney@HealthCollab.org

**Note: This is our new address at The Health Collaborative as of 10/31/2016.*

**Application is due in its entirety by midnight on or before Tuesday, December 20, 2016.*

Please plan accordingly. Thank you for applying to TAP MD!

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Section 1- Teacher/Counselor Information:

Teacher/Counselor Name _____

High School _____

School Type (circle one): Public Charter Private Other

Teacher/Counselor E-mail _____

Teacher/Counselor Phone _____

Student Name _____

Student's Anticipated Graduation Date _____

Section 2 - Letter of Recommendation:

Please attach letter of reference/recommendation on why you feel this student should be in the 2017 Class of TAP MD.

Section 3 - Student Information:

Student Legal Name _____

Preferred Name, if not first name _____

Date of Birth _____ Gender (circle one): Male Female

Preferred Telephone Home/Cell _____ E-mail Address _____

Permanent Home Address _____

Section 4 – Demographics:

Answering this question is optional. No information provided will in any way affect acceptance to program. How does student identify self? (Circle all that apply):

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other _____

Section 5 – Family:

Legal Guardian(s) _____

Relationship to applicant _____

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Permanent Home Address (if different from student): _____

Legal Guardian E-mail _____

Legal Guardian Occupation _____

Is one or more of this student's legal guardians a physician (circle one)? **YES** **NO**

Section 6 – Academics & Honors:

Student's GPA (4.0 scale) _____

Test: ACT

Date Taken	Best Score <i>(composite)</i>	English	Math	Reading	Science

Test: SAT

Date Taken	Best Score <i>(composite)</i>	Reading	Math

Test: PSAT

Date Taken	Best Score <i>(composite)</i>	Reading	Math

**Reminder: application will not be considered if an ACT, SAT +/- or PSAT score(s) is not provided.*

Honors: briefly list any academic distinctions or honors received since the 9th grade. Though five spaces are included, you do not need to complete them all – just as many that are applicable to you.

Grade Level (circle one)

Honor/Distinction

9 10 11 _____

9 10 11 _____

9 10 11 _____

9 10 11 _____

9 10 11 _____

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Section 7 - Extracurricular Activities & Work Experience:

We want to know more about you as an individual! Please list extracurricular, volunteer & work activities. Though five sections are included, only complete as many which are applicable to you.

Activity

Description _____

Was this a one-time activity (circle one)? Yes No If not, how many hours? _____

Grade Level (circle one): 9 10 11

Position held, honors won, recognition, etc... _____

Activity

Description _____

Was this a one-time activity (circle one)? Yes No If not, how many hours? _____

Grade Level (circle one): 9 10 11

Position held, honors won, recognition, etc... _____

Activity

Description _____

Was this a one-time activity (circle one)? Yes No If not, how many hours? _____

Grade Level (circle one): 9 10 11

Position held, honors won, recognition, etc... _____

Activity

Description _____

Was this a one-time activity (circle one)? Yes No If not, how many hours? _____

Grade Level (circle one): 9 10 11

Position held, honors won, recognition, etc... _____

Activity

Description _____

Was this a one-time activity (circle one)? Yes No If not, how many hours? _____

Grade Level (circle one): 9 10 11

Position held, honors won, recognition, etc... _____

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Section 8 – Writing:

Student: please describe why you should participate in the TAP MD program. Try to keep response to 250 words or less. You may attach an additional sheet of paper.

Section 9 - Financial Cost:

School Teacher/Counselor: Will the student be able to provide the \$125 Participation Fee, if accepted into the program (circle one)? **Yes No**

- If NO, financial waivers are available. To apply, please consent to the following statement:

I attest to the best of my ability that this student does in fact demonstrate a need of financial assistance for the TAP MD \$125 participation fee, as it would be an overwhelming burden to the student’s family.

School Teacher/Counselor Signature

Date

Section 10 - Disciplinary History:

Since 9th grade, have you ever been found responsible for a disciplinary violation (circle one)? **Yes No**

If yes, please explain: _____

Section 11 - Commitment to Participate:

The TAP MD program is a year-long commitment beginning in January 2017 and ending in December 2017. If selected for the program, you are expected to participate in an activity and/or shadowing experience an average of one time per month. Exact times and dates are still to be determined, but all activities will take place on weekdays during the school year (approx. ½ day) **OR** on a weekday during the summer months. Note: we try to share dates for experiences with as much advanced notice as

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possible, but these dates depend on the availability of the host sites. The ideal TAP MD student will be able to make a majority of events, however we do allow exceptions for illness, exams/testing and other notable reasons.

Given these expectations, can you participate in the TAP MD program (circle one)? **Yes No**
Please comment on any foreseeable scheduling conflicts that may limit your participation:

Important dates to note:

- Application deadline is **December 20, 2016**.
- Students chosen to participate (and their schools) will be notified on or before **January 12, 2017**.
- Our “TAP MD **2017 Class - Welcome & Orientation Event**” will take place the evening (6-8pm) of **January 26, 2017**. Exact location to be determined and will be announced on or before January 12. Accepted students are expected to attend and may bring one or more parent/guardians.

Important information to note:

- The TAP MD program is a comprehensive program that offers a variety of amazing experiences. As such, we encourage interested students to apply! Nevertheless, please note that meeting the qualifications for acceptance does not automatically guarantee admittance. A Selection Committee will review applications to determine 50 or less students to make up the 2017 class. In 2016, we had to turn away over 60% of qualified applicants. Not being chosen to participate in our program is by no means a reflection that a student should not pursue a career in medicine, however if you choose to apply - please do so knowing that acceptance to the program is limited.
- We do not measure applications differently if sent electronically or by mail. We often receive an equal amount of both and encourage you to choose the right method for you. Nevertheless, please make sure to write clearly and include a valid, legible e-mail address regardless of how your application is sent in. Using e-mail, we will notify both school and student within 10 days of each application we receive.

Section 12 - Review & Sign:

I certify that all information included in this application is true, accurate and complete.

Student Signature

Date

Legal Guardian Signature

Date

School Teacher/Counselor Signature

Date