



**FOR OFFICE USE ONLY:
DO NOT WRITE IN THIS BOX**

Application received: ____ / ____ / ____
Received by: _____

Passed TABES: __Yes __No
Math Score: _____ English Score: _____
Interview Date: ____ / ____ / ____

Today's Date: _____ Have you applied before? Yes No If yes, when: _____

PLEASE CHOOSE: Day Program 9:00 A.M. – 12:00 P.M. or Evening Program 5:30 p.m. – 8:30 p.m.

Part I: Personal Information

1. Please select prefix: Mr. Mrs. Ms. Miss
2. First name: _____ Last : _____
3. Home address: Street _____ Apt # _____
4. City: _____ State: _____ Zip: _____
5. Home telephone: () _____ - _____ Cell phone: () _____ - _____
6. Email: _____
7. Social Security Number: _____ - _____ - _____ Date of birth: _____ - _____ - _____
8. Gender: Male Female

Part II: Residency Status

1. What is your current status?
 United States citizen Permanent resident Non-resident alien
- Visa type: _____ Expiration date: _____

Part III: Educational Background

1. **High School Name:** _____
Street address: _____ City: _____ State: _____ Zip Code: _____
Diploma received: Yes No Year of graduation: _____ Passed MCAS: Yes No
SAT scores: Math _____ English _____ TOEFL Scores: _____

2. **GED Institution Name:** _____

Street address: _____ City: _____ State: _____ Zip Code: _____

Diploma received: Yes No Year started: _____ Year completed: _____

3. **College Name:** _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

2 Yrs 4 Yrs Certificate program Foreign Education Other _____

Major _____ Minor _____

Diploma received: Yes No Year started: _____ Year completed: _____

4. **Other Programs/Trainings:** _____

Part IV: Demographics (For Reporting Purposes Only)

1. Is English your primary language? Yes No If no, what is? _____

2. Ethnicity

- American Indian or Alaskan Native
- Asian
- Black or African American
- Cape Verdean
- Latino
- Native Hawaiian or Other Pacific Islander
- White (not of Hispanic origin)
- Other (please specify) _____

3. Current household income (Please Check One)

- \$15,000 - \$20,000 \$20,000 - \$25,000 \$25,000 - \$30,000 \$30,000 - \$35,000
- \$35,000 - \$40,000 No income Other (please specify) _____

4. How did you hear about this program?

- Word of Mouth Friend/Relative Boston Banner Website/Internet
- Newspaper/Flyer Career Fair Boston PIC Community Organization
- Career Center High School/Career Specialist Hospital/Medical Center
- Other _____

Part V: In Event of Emergency, Person to Contact

1. First Name: _____ Last: _____

2. Relationship to applicant: _____ Telephone: _____

Part VI: Employment/ Job History (Please attach a resume if you have one)

Start with your most recent job.

1. Employer: _____ Job Title: _____

City: _____ State: _____ Zip: _____

Full-time Part-time Dates of employment: from ____/____/____ to ____/____/____

Job responsibilities: _____

If no longer there, please state your reason for leaving: _____

2. Employer: _____ Job Title: _____

City: _____ State: _____ Zip: _____

Full-time Part-time Dates of employment: from ____/____/____ to ____/____/____

Job responsibilities: _____

If no longer there, please state your reason for leaving: _____

3. Employer: _____ Job Title: _____

City: _____ State: _____ Zip: _____

Full-time Part-time Dates of employment: from ____/____/____ to ____/____/____

Job responsibilities: _____

If no longer there, please state your reason for leaving: _____

Required Documents (Please read carefully)

1. Essay:

Type a one to two page essay on your reasons for applying to CityLab Academy. Include the following:

- Why do you want to be in this program?
- What qualities do you have that make you a good Academy candidate?
- What will this program allow you to achieve?
- Things about science that interest you.

2. Recommendation:

Provide two references for your application, such as a science teacher, guidance counselor, or employer who knows you well and can comment on your suitability for the Academy. Recommendations by friends, family or co-workers will not be accepted.

3. Transcript(s):

You must submit an official copy of all educational transcripts before you can be admitted to the program.

4. Vaccinations:

Once you are accepted into the CityLab Academy, you will need to provide documentation for the following vaccinations: Hepatitis B Chickenpox (Varicella) Tetanus MMR
You will also need to provide results from a TB test performed in 2008.

I certify that all information stated on this application is accurate and complete.

PRINT NAME: _____

SIGNATURE: _____

SEND COMPLETED APPLICATION TO:

CityLab Academy
Boston University School of Medicine
715 Albany St. S4, Boston, MA 02118

(617) 638-5664 Fax (617) 638-5621
Email: medacad@bu.edu

Boston University School of Medicine
CityLab Academy Student Recommendation

Name of student applicant: _____

Name of Evaluator: _____

Relationship to student applicant: _____

Your Institution: _____

Address: (Street) _____ Apt # _____

(City) _____ State _____ (Zip) _____

Work telephone: _____ Cell phone: _____

Email: _____

How long have you known the applicant? _____

Please rate the applicant on the characteristics listed below. Comments are welcome.

(E) excellent (G) good (F) fair (D) doubtful (P) poor (N) no basis for judgment

Dependability _____

Emotion stability/maturity _____

Laboratory skills _____

Motivation _____

Perseverance _____

Responsibility _____

Please write on the back of this page a brief statement about the applicant's major strengths & weaknesses as a potential student of CityLab Academy.

Your signature Date

Please return in sealed envelope to:
CityLab Academy
Boston University School of Medicine
715 Albany St. S4 Boston, MA 02118

Main (617) 638-5664 Fax (617) 638-5621 Email: medacad@bu.edu

Boston University School of Medicine
CityLab Academy Student Recommendation

Name of student applicant: _____

Name of Evaluator: _____

Relationship to student applicant: _____

Your Institution: _____

Address: (Street) _____ Apt # _____

(City) _____ State _____ (Zip) _____

Work telephone: _____ Cell phone: _____

Email: _____

How long have you known the applicant? _____

Please rate the applicant on the characteristics listed below. Comments are welcome.

(E) excellent (G) good (F) fair (D) doubtful (P) poor (N) no basis for judgment

Dependability _____

Emotion stability/maturity _____

Laboratory skills _____

Motivation _____

Perseverance _____

Responsibility _____

Please write on the back of this page a brief statement about the applicant's major strengths & weaknesses as a potential student of CityLab Academy.

Your signature

Date

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