Dear School Administrators & Partners,

What is YSEP?

The Youth Science Enrichment Program “YSEP” is an outreach program designed to provide fourth and fifth grade students with the opportunity to interact with medical students, faculty and health professionals. YSEP is sponsored by the UNC School of Medicine Chapter of the Student National Medical Association (SNMA).

Who are YSEP students?

Elementary school students from across the Triangle and central NC area who are motivated and interested in medicine, allied health careers or science. YSEP is designed for members of minority ethnic groups, although others are welcome to apply.

What exactly happens at YSEP?

Students meet at Bondurant Hall located on the campus of UNC School of Medicine for a total of ten Saturdays, September 29, October 6, 13, 20 and 27 and January 26, February 2, 9, 16 and 23. The students will be participating in fun, interactive teaching of the human body organ systems and diseases, gross anatomy labs (have you ever held a real heart in your hands?!) and a discussion on the topic of the day. The last week of the program are dedicated to health care discussions and student presentations.

YSEP sounds like a great experience; how do students apply?

Complete the application and return to the:

SNMA/YSEP Application
505 Berryhill Hall
CB #7530
Chapel Hill, NC 27599

The application deadline is September 14, 2018. Only completed applications will be considered.

Sincerely,

Ricky Phillips
Section I: General Information

What program are you attending?  O YSEP

Last Name: ___________________________   First Name: ___________________________

Middle Name (required): ___________________________

Student’s Current Address:
____________________________________________________________

City: ___________________________   County: ___________________________

State: ___________________________   Country: ___________________________

Zip Code: ___________________________

Student Email: ___________________________   Parent Email: ___________________________

Race/Ethnicity: ___________________________   Birth Date: ___________________________

Have you attended this program in the Past?  O Yes  O No     If so what year?
________________________________________

Check Citizenship Status:  O USA   O US resident/Non-Citizen   O Foreign Country

Sex:   O Male     O Female
Career Interest(s):

O Medicine  O Dentistry  O Pharmacy  O Public Health  O Allied Health  O Nursing

O Other

Parent/Guardian’s Address:

____________________________________________________________________

City: ____________________________  County: ____________________________

State: ____________________________  Country: ____________________________

Zip Code: ____________________________

Parent/Guardian Telephone Numbers:

Home: ____________________________

Cell: ____________________________

Work: ____________________________

Emergency Contact (Name): ____________________________  Relationship: ____________________________

Telephone Number: ____________________________

Mode of Transportation: ____________________________

Persons Authorized to Pick Up Student: ____________________________
Section II: Education

Current School Status: _____________________________________________________

List below all elementary schools attended in the following order:
(1) Current school; (2) all other schools in chronological order.

Current School: _____________________________________________________

City: ___________________________  State: ___________________________

Dates Attended: From (Month/Year) To (Month/Year)

School: _____________________________________________________

City: ___________________________  State: ___________________________

Dates Attended: From (Month/Year) To (Month/Year)

School: _____________________________________________________

City: ___________________________  State: ___________________________

Dates Attended: From (Month/Year) To (Month/Year)

School: _____________________________________________________

City: ___________________________  State: ___________________________

Dates Attended: From (Month/Year) To (Month/Year)
List all science and math courses completed in the areas indicated below. Also list courses in progress this fall and denote these courses by putting a "P" beside them.

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<th>Course</th>
<th>Year Taken (4th/5th)</th>
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**Section III: Personal Information**

I was recommended by:  O Relative/Friend  O Guidance Counselor  O Teacher  O

Other________________

List academic honors (including honorary societies), awards, special scholarships or other recognition you have received:
List your extracurricular activities, interests and hobbies. Also list any summer programs that you have participated in and the location. You may wish to cluster activities year by year and indicate the extent of involvement or positions held:

Why do you want to participate? (to be completed by the student)
Why is science important to both you and the world? (to be completed by the student)
Please tell us of any medical conditions your child has that we need to know about?
APPLICATION DEADLINE: Friday, September 14, 2018 at 5:00pm

Applicants will be notified on September 21st regarding application decisions.

The HPREP Program will be held at UNC School of Medicine

Saturdays 9:00am-1:00pm (Tentative times, will confirm upon acceptance)

Fall Dates: 9/29, 10/6, 10/13, 10/20, 10/27

Spring Dates: 1/26, 2/2, 2/9, 2/16, 2/23

Please mail application to:

UNC School of Medicine
Attn: YSEP application
505 Berryhill Hall, CB# 7530
Chapel Hill, NC 27599

Telephone: (919) 966-7673
Fax: (919) 966-7734
Website: http://www.med.unc.edu/snma/programs

For questions and problems please email: ricky_phillips@med.unc.edu