

**GERALD E. THOMSON
UNDERGRADUATE PRE-MEDICAL PROGRAM
(GET-UPP) APPLICATION**

DATE: _____

I. PERSONAL INFORMATION

LAST NAME: _____ **FIRST NAME:** _____ **M. I.:** _____

DATE OF BIRTH: _____ **GENDER:** M F

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PRIMARY CONTACT #: _____

SECONDARY CONTACT #: _____

ETHNICITY (*Please check all that apply*):

- African-American/Black
- American Indian – Tribal Affiliation:
- Asian (*please specify*)
- White/European American
- Hispanic (*please specify*)
- Pacific Islander (*please specify*)
- Native Hawaiian
- Native Alaskan
- Other (*please specify*)

II. BACKGROUND INFORMATION

WHICH OF THE FOLLOWING BEST DESCRIBES THE ENVIRONMENT IN WHICH YOU GREW UP?

- Large City
- Small City
- Suburb
- Rural Area
- Farm/Ranch
- Reservation

WHAT IS THE PRIMARY LANGUAGE SPOKEN IN YOUR HOME?

- English
- Spanish
- American Indian Language (*please specify*)
- Asian Language (*please specify*)
- Other (*please specify*)

WHAT IS THE SECONDARY LANGUAGE SPOKEN IN YOUR HOME?

- English
- Spanish
- American Indian Language (*please specify*)
- Asian Language (*please specify*)
- Other (*please specify*)
- Not Applicable

WHAT IS THE HIGHEST LEVEL OF EDUCATION ACHIEVED BY YOUR PARENT(S)/GUARDIAN(S)?

- Less than High School
- Completed High School
- Some College
- Completed College
- Post-graduate work (Master's, Doctorate, or Professional Degree)
- Other (*please specify*)

PLEASE DESCRIBE YOUR MOTHER'S OCCUPATION: _____

PLEASE DESCRIBE YOUR FATHER'S OCCUPATION: _____

HAS YOUR IMMEDIATE FAMILY EVER USED FEDERAL OR STATE ASSISTANCE PROGRAMS? Yes No

DOES YOUR COMMUNITY OF RESIDENCE HAVE LOW QUALITY OR LIMITED ACCESS TO HEALTH SERVICES? Yes No

WHICH OF THE FOLLOWING BEST DESCRIBES THE INCOME LEVEL OF YOUR FAMILY FOR THE MAJORITY OF YOUR LIFE FROM BIRTH TO AGE 18?

- Below 20,000
- 20,000 to 49,999
- 50,000 to 74,999
- 75,000 to 99,999
- 100,000 and above
- Do not know

ARE YOU REQUIRED TO CONTRIBUTE TO YOUR OVERALL FAMILY INCOME? Yes No

DO YOU CONSIDER YOURSELF TO BE ECONOMICALLY DISADVANTAGED? Yes No

PLEASE EXPLAIN:

III. EDUCATIONAL INFORMATION

CURRENT GRADE LEVEL: _____

NAME OF CURRENT INSTITUTION: _____

EXPECTED DATE OF GRADUATION: _____

MAJOR: _____ **MINOR:** _____

GPA: _____ **BCPM GPA:** _____

IV. RECOMMENDER INFORMATION

To supplement your GET-UP Program Application, you are required to submit one (1) letter of recommendation from an Academic Advisor or from a college level instructor. Please provide your recommender's information below.

FULL NAME: _____

TITLE: _____

DEPARTMENT: _____

INSTITUTION: _____

DATE REQUESTED: _____

V. TRANSCRIPT(S)

Completed GET-UP Program Applications must include submission of *official transcripts* highlighting all of your college work. These submissions may be provided separately.

VI. ESSAYS

To complete your GET-UP Program Application, please respond to *both* essay questions on a separate sheet of paper. Your essay responses *must* be typed using Times New Roman – 12 point font type and double-spaced with 1-inch margins. Each essay response should be no longer than 500 words.

(A) What motivated your interest in medicine and how you would benefit from participating in the 2017 GET-UP Program at Columbia University, College of Physicians & Surgeons?

NOTE: Your typed essay should be no longer than 500 words. Be sure to include your name at the top of your essay page.

(B) Please write an essay that discusses the impact of diversity in medicine.

NOTE: Your typed essay should be no longer than 500 words. Be sure to include your name at the top of your essay page.

VII. SUPPLEMENTAL DOCUMENTS

Please mail the following documents along with your completed application to the address noted below:

- (1) Letter of Recommendation
- Official college transcript

Completed GET-UP Program Applications should be mailed to:

ATTN: GET-UP Program
Office of Diversity and Multicultural Affairs
Columbia University, College of Physicians & Surgeons
104 Haven Avenue, VEC 10-03
New York, NY 10032

Applications must be received by: **January 23, 2017**

VIII. ATTESTATION

The information contained in this application, combined with information obtained in any additional documents I may have attached and/or submitted, creates a full and fair representation of my circumstances as of this date. I certify that the information provided in this application is true to the best of my knowledge and understand that this application will be reviewed by the selection committee and verified with my official transcript.

NAME: _____

SIGNATURE: _____

DATE: _____