

STUDENT APPLICATION

Biomedical Science Careers Student Conference – April 9-10, 2021

Academic Level (Please check one)

- Postdoc (research and clinical)
 PhD candidate
 MD/PhD candidate
 MD candidate
 DMD/DDS candidate
 PharmD candidate
 Master's candidate

- Post-baccalaureate:
 college graduation year (MM/YYYY) _____
 college you graduated from _____
 College student
 Community college student
 High school student
 Other (specify) _____

Your assigned advisor will receive a copy of your application

Part A - 2021Name _____

First	Middle	Last
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Date of Birth (MM/DD/YYYY) _____ Social Security Number (LAST 4 DIGITS) _____

PLEASE CHECK YOUR PREFERRED MAILING ADDRESS **Current** **Permanent**Current Mailing AddressPermanent Mailing Address

Street _____ Apt _____

Street _____ Apt _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Phone (_____) _____

Phone (_____) _____

Preferred E-mail Address _____

Secondary E-mail Address _____

Cellular Phone (_____) _____

Current School/Institution _____

Date of Entry _____

Expected Year of Graduation/Program Completion _____

Degree(s) Expected _____

Major/Field of Study _____

From the list below, please write in the number and name corresponding to the academic disciplines which most closely match your primary and secondary areas of interest. Please only choose two.

Primary Interest # _____

Secondary Interest # _____

- | | | |
|---|--|---|
| 1. anatomy
2. biochemistry
3. biology
4. biology (cellular)
5. biology (molecular)
6. biophysics
7. biotechnology
8. chemistry
9. pre-dentistry
10. dentistry
11. economics
12. education (health, science)
13. education (math)
14. epidemiology
15. pre-engineering | 16. engineering
17. engineering (biomedical)
18. genetics
19. immunology
20. pre-medicine
21. medicine
22. nursing
23. nutrition
24. pathology
25. pharmacy
26. pharmacology
27. physics
28. psychology
29. public health | 30. science (biomedical)
31. science (computer, mathematical)
32. science (environmental health)
33. science (social, behavioral)
34. science (health)
35. statistics/biometrics/biostatistics
36. veterinary science
37. zoology
38. health administration
39. health policy
40. forensics
41. occupational/physical therapy
42. neuroscience
43. other _____ |
|---|--|---|

If you have received any honors, awards, scholarships, fellowships or special recognitions, please list them.

Name _____

School/Institution _____

Part B - 2021

1. Please list all high schools, colleges and graduate/professional schools you have previously attended, beginning with the most recent.

Name of School	Dates Attended	Major Field	Degree(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Briefly describe any extracurricular activities in which you have been or are now involved.

3. Please list any academic enrichment programs, clubs, etc. (e.g., after-school, Saturday, summer programs) in which you have participated or are currently participating.

4. Have you ever participated in or do you currently participate in any of the following programs? Please check the appropriate box for each program.

	Yes	No	Do not know
a. 1992/1994 Biomedical Science Careers Student Conference(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 1996 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 1998 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 2000 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 2002 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. 2004 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 2006 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 2008 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. 2010 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. 2012 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 2014 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. 2016 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. 2018 Biomedical Science Careers Student Conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. BSCP Specialty Conference or Skills Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. New England Science Symposium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. BSCP Virtual Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. HMS Explorations and/or Reflection in Action (RIA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. HMS Hinton Scholars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. HMS Project Success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. HMS Summer Clinical Translational Research Program (SCTRP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. HMS Visiting Research Internship Program (VRIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have previously attended a BSCP/HMS program, please complete the questionnaire form

(page five)

5. Have you ever participated in any of the following types of science program? Please check the appropriate box for each.

	Yes	No	Do not know	If "YES" - Name of Program
a. non-degree science education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. non-degree science research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. science work-study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. science internship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. science fellowship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. science career planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. science mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. science counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. science volunteer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. science enrichment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

6. Briefly describe any special interests you may have.

	Yes	No	Do not know
7. Do you <u>currently</u> have an advisor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you <u>currently</u> have a mentor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name _____

School/Institution _____

Part B (continued)

9. Which three words would best describe the role you would like a mentor to play in your career development?

1. _____ 2. _____ 3. _____

10. At what age did you become interested in science? _____

11. Have you ever been discouraged from pursuing any of the following? Please check the appropriate box for each topic.

	Yes	No	Do not know
a. college-level studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. advanced graduate studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. career in science or engineering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. career in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In your current school setting, has anyone discussed with you any of the following topics? Please check the appropriate box for each.

	Yes	No	Do not know
a. your professional goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. research traineeships, awards for minorities available to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. participation in any research projects outside of class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. science internship or fellowship opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. biomedical sciences career opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. the possibility of pursuing an academic/research career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. the importance of networking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. the purpose of having a mentor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. membership in professional organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. With regard to your career, what do you see yourself doing five (5) years from now?

14. With regard to your career, what do you see yourself doing ten (10) years from now?

15. Describe three (3) talents or skills that have made you successful in your academic career.

Part C - 2021

16. How did you hear about the Biomedical Science Careers Program (BSCP)? Please check the appropriate box.

a. BSCP website	e. summer program	i. fellow student
b. BSCP newsletter/email communication	f. advisor	j. minority affairs office
c. dean's office	g. student organization	k. student affairs office
d. faculty member/teacher/guidance counselor	h. professional organization	l. other (specify) _____

17. Briefly describe what you would like to gain from your participation in the April 2020 conference sponsored by the Biomedical Science Careers Program. Also include any areas for discussion, topics you would like to see addressed or questions you would like to have answered.

Name _____

School/Institution _____

Part C (continued)

Please answer the following three (3) *optional* questions: 18 - 19 - 20.

18. How do you identify your gender? a. Male b. Female Non-binary, Intersex, Gender Fluid Person

19. How do you identify your race/ethnicity?

a. American Indian/Alaska Native
1. Please specify name of enrolled or principal tribe _____

Native Hawaiian/Other Pacific Islander - If yes, please check all that apply.
1. Guamanian or Chamorro
2. Native Hawaiian
3. Samoan
4. Other Pacific Islander (specify) _____

b. Asian - If yes, please check all that apply.
1. Asian Indian 6. Korean
2. Cambodian 7. Pakistani
3. Chinese 8. Vietnamese
4. Filipino 9. Other (specify) _____
5. Japanese

White
Multiple/Mixed (please list) _____

c. Black or African American - If yes, please check all that apply.
1. African American
2. Caribbean or West Indian
3. African (specify country) _____
4. Other (specify) _____

Other (specify) _____

20. Do you consider yourself to be Hispanic/LatinX? a. Yes b. No

If yes, please check all that apply.
1. Cuban 4. Puerto Rican
2. Dominican 5. South or Central American
3. Mexican/Mexican American/Chicano 6. Other (specify) _____

21. Please indicate the highest educational level attained by your parents.

Mother
 Some high school Some college Some graduate/professional school Do not know
 Completed high school Completed college Completed graduate/professional school Other (specify) _____

Father
 Some high school Some college Some graduate/professional school Do not know
 Completed high school Completed college Completed graduate/professional school Other (specify) _____

22. Is either one of your parents involved in a science/health-related profession? Yes No

By signing this application, I (or my parent or guardian on my behalf) hereby:

(A) acknowledge(s) and understand(s) that Biomedical Science Careers Program, Inc. (BSCP) will retain the information in this application for its records, and that this information, about the applicant, including identifying information, will be used to match students with advisors, track students through their academic and professional careers, and for future promotional and other communications, such as the BSCP newsletter; (B) consent(s) to photographic, audio, video, or electronic images of the applicant to be used by BSCP for exhibition, public display, publication, news media story, video, audio, or other electronic media, such as the Internet, television, CDROM, or DVD; (C) release(s) BSCP, including each of its directors, officers, employees and agents, waive(s) all known and unknown claims against any of them, and agree(s) not to sue any of them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the applicant's participation in the Conference, whether or not caused by the acts, omissions or other fault of the parties being released; and (D) acknowledge(s) and represent(s) that he or she has carefully reviewed this application, including the foregoing acknowledgement, consent, release, waiver and agreement not to sue and understand(s) what each of them mean, and that my/their signature below indicates that delivery of this application to BSCP is my/their free act and deed.

By checking this box and typing my name below, I am electronically signing this consent form.

Student/Fellow Name: _____

Date: _____

If applicant is less than 18 years of age, a parent/caregiver's signature is also required.

By checking this box and typing my name below, I am electronically signing this consent form.

Parent/Caregiver's Name: _____

Date: _____

****Application Deadline: February 12, 2021****

****High School Application Deadline: January 15, 2021****

If you have any questions, please contact the Biomedical Science Careers Program at hollie_desilva@hms.harvard.edu or 617.432.0552.

QUESTIONNAIRE FORM

BSCP Student Conference - April 2021

For Returning Participants

Name _____

1. At a previous conference, did you have a BSCP advisor(s) assigned to you? Yes No

Name(s) (optional) _____

If yes, have you had any contact with this/these advisor(s) since the conference? Yes No How many times? _____

Was this contact initiated by: You Advisor Both You and Advisor Other

2. Since the conference have you:

	Yes	No
a. had any contact with other BSCP advisors	<input type="checkbox"/>	<input type="checkbox"/>
b. had any contact with BSCP speakers or staff	<input type="checkbox"/>	<input type="checkbox"/>
c. had any contact with BSCP student participants	<input type="checkbox"/>	<input type="checkbox"/>
d. received the BSCP Newsletter	<input type="checkbox"/>	<input type="checkbox"/>
e. utilized the BSCP New England Resource Directory	<input type="checkbox"/>	<input type="checkbox"/>
f. utilized the BSCP Website	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, did you find it helpful? Yes No

Please explain: _____

3. Did your involvement in BSCP lead to any of the following:

	Yes	No
a. participation in an internship program	<input type="checkbox"/>	<input type="checkbox"/>
b. participation in a fellowship program	<input type="checkbox"/>	<input type="checkbox"/>
c. identification of a job opportunity	<input type="checkbox"/>	<input type="checkbox"/>
d. identification of a mentor	<input type="checkbox"/>	<input type="checkbox"/>
e. shadowing of advisors/speakers	<input type="checkbox"/>	<input type="checkbox"/>
f. identification of a funding source	<input type="checkbox"/>	<input type="checkbox"/>
g. change in academic or career plan	<input type="checkbox"/>	<input type="checkbox"/>
h. change in academic course selection	<input type="checkbox"/>	<input type="checkbox"/>
i. other science-related programs	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please specify _____

j. other Yes No

If yes, please specify _____