Dear Applicant:
Enclosed is an application form for BioScience Academy. Completing and submitting this form is just one step of the application process. Please read this document carefully to learn how to apply.

Description
BioScience Academy is a two-semester, tuition supported program in biomedical science offering 12 BU credits and a Certificate in Applied Biotechnology. In the fall, classes meet Mon – Thurs, 9am – 3pm and on some Friday’s. In the spring, students participate in a full time internship (Mon – Fri) 35 – 40 hrs/ week for 12 weeks) and take one evening course. All courses are held at the BU Medical Campus in the South End. The certificate qualifies graduates for jobs in biotech companies, hospitals or other biomedical institutions. Assistance with job search is provided.

Eligibility
To be considered for BioScience Academy, you must:

- be unemployed or underemployed
- be a resident of Metro Boston, or a dislocated worker from a Metro Boston employer (for a list of towns and cities, visit http://www.scilsinitiative.org/)
- have a bachelor’s degree in science, engineering, technology or math (STEM), or healthcare
- have two years STEM or healthcare work experience
- be a US citizen or a permanent resident
- demonstrate competency in English and math

Application Steps
1. Attend an information session after signing up at www.bu.edu/biosci
2. Email the following to BioSci@bu.edu:
   a) your professional resume. Before emailing, save your resume as a PDF with your full name.
   b) descriptions of two jobs in the biomedical field that you find online. The jobs must be related to your background. Email the entire description for each job making sure to include the requirements and the name of the company. The Mass Biotech Council (www.massbio.org) lists jobs and links to biotech companies.
3. Mail application, which includes:
   - Application form
   - Typed essay describing how you believe the program will help you leverage your background for a job in the biomedical field
   - Two professional recommendations (references from co-workers, family or friends will not be accepted)
   - Transcripts from all institutions of higher education. (Copies of transcripts are accepted initially. However, if you are accepted into the program, official transcripts must be provided. Transcripts from foreign institutions must be evaluated by World Education Services (www.wes.org) or Educational Credential Evaluators (www.ece.org)
4. Interview with BSA staff.
5. Demonstrate English and math competency. Download a math review from www.bu.edu/biosci

If accepted into the program, you will be asked to complete and submit:
- Documents verifying your eligibility
- Official academic transcripts as described above
- Vaccination records
- Scholarship and/ or financial aid forms

The application deadline is 3:00 pm on Thursday, July 10, 2014
Please keep this page for your records.

BioScience Academy is part of the SCILS Initiative and is funded by a $5 million H1B Technical Skills Training grant from the Employment and Training Administration of the U.S. Dept. of Labor Equal Opportunity Program—Auxiliary Aids and Services Available Upon Request for Individuals with Disabilities
Application for Admissions 2014

1. Personal Information
First Name _________________________________ Last Name _____________________________

Last 4 digits of Social Security # ________ □ I do not have a SS#

Date of Birth ____/____/________ Gender □ Male □ Female

Email Address ____________________________________________________________________________________

Home Phone _________________________________ Cell Phone ___________________________________

Home Address ____________________________________________________ Apt No. _________________

City _____________________________ State _____________________________ Zip __________________

If male, are you registered for selective service? □ Yes □ No

Are you an eligible veteran or an eligible veteran’s spouse? □ Yes □ No

2. Current Job Status
□ Unemployed □ Employed □ Full-time □ Part-time __ total hrs/week $_____salary/ hour

Last Date of Employment ____/____/_______

Are you receiving unemployment benefits □ Yes □ No When do your benefits expire____/____/_______

3. Visa Status
□ U.S. Citizen

□ Permanent Resident in US → Please specify country of citizenship______________________________

□ Non-Resident → Type of Visa ____________________________ Expiration Date _________________

□ Authorization to work in USA ____________________________ Expiration Date _________________

4. Country of Origin
Country of Birth ____________________________

If you are from another country, how long have you lived in the U.S.? ____________________________
5. In Case of Emergency, Person to Contact
First Name ______________________________ Last Name _____________________________
Relationship to applicant______________________________ Telephone ____________________

6. Educational Background

Highest level of education achieved
☐ Associates ☐ Bachelors ☐ Masters ☐ Other________

College #1 Name: __________________________________________
City: ________________________ State: ________ Zip Code: __________ Country: ________________________
☐ 2 Yrs ☐ 4 Yrs ☐ Certificate program ☐ Other ☐ ________Year started: ________Year completed/graduated

Degree received: ☐ None ☐ Associates ☐ Bachelors ☐ Masters ☐ Other (explain)______________
Engineering ☐ Math ☐ Computer Technology ☐ Other technology__________________________
Science: Physics ☐ Chemistry ☐ Biology ☐ Other science_______________________________
Other degree (describe)______________________________________________________________

College #2 Name: __________________________________________
City: ________________________ State: ________ Zip Code: __________ Country: ________________________
☐ 2 Yrs ☐ 4 Yrs ☐ Certificate program ☐ Other ☐ ________Year started: ________Year completed/graduated

Degree received: ☐ None ☐ Associates ☐ Bachelors ☐ Masters ☐ Other (explain)______________
Engineering ☐ Math ☐ Computer Technology ☐ Other technology__________________________
Science: Physics ☐ Chemistry ☐ Biology ☐ Other science_______________________________
Other degree (describe)______________________________________________________________

Other higher education institution

<table>
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<tr>
<th>Name</th>
<th>Degree</th>
<th>Year of completion</th>
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<tbody>
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</table>

Other Programs/Trainings/Certifications:______________________________________________________________

Name: __________________________________________
City: ________________________ State: ________ Zip Code: __________ Country: ________________________
________Year started: __________Year completed __________Credential received (diploma, certificate, etc)

Are you interested in pursuing a bachelor’s degree in bioscience at BU? ☐ Yes ☐ No
7. Employment History  You must complete this section even if the information is also on your resume.

Start with your most recent job

1. Employer: ___________________________________________  Job Title: ___________________________
   City: _______________________  State: ________  Country: ___________________________
   □ Full-time  □ Part-time  Dates of employment:     from _____/_______   to _____/_________
   Main responsibilities: ______________________________________________________________________________
   If no longer there, please state your reason for leaving: ____________________________________________________

2. Employer: ________________________________________  Job Title: ___________________________
   City: _______________________  State: ________  Zip Code: __________ Country: ___________________________
   □ Full-time  □ Part-time  Dates of employment:     from _____/_______   to _____/__________
   Main responsibilities: ______________________________________________________________________________
   If no longer there, please state your reason for leaving: ____________________________________________________

3. Employer: ________________________________________  Job Title: ___________________________
   City: _______________________  State: ________  Zip Code: __________ Country: ___________________________
   □ Full-time  □ Part-time  Dates of employment:     from _____/_______   to _____/_________
   Main responsibilities: ______________________________________________________________________________
   If no longer there, please state your reason for leaving: ____________________________________________________

8. Income Information  (for reporting purposes only)

   a) What is your current income?
      □ $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) _____________________

   b) Number of people in your household (including yourself) __________.

   c) What is your household income?
      □ $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) _____________________
9. How Did You Hear About BioScience Academy?

☐ Friend/Relative    ☐ Website/Internet    ☐ Career Center    ☐ Newspaper/Flyer
☐ Career Fair        ☐ Boston PIC        ☐ Recruiter
☐ Hospital/Medical Center ☐ Other

10. Demographics (for reporting purposes only)

Is English your primary language? ☐ Yes ☐ No If no, what is? ________________________________

Ethnicity

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race

☐ American Indian or Alaskan Native ☐ Black or African American
☐ Asian                               ☐ Native Hawaiian or Other Pacific Islander
☐ White                               ☐ More than one race

APPLICATION PROCESS CHECKLIST

___ I have emailed my resume and two job descriptions to BioSci@bu.edu.

___ The following materials are completed and will be mailed to the address below:

   ___ application form (please staple all four pages)
   ___ essay
   ___ two professional recommendations
   ___ official transcripts* from all institutions of higher education

*Foreign transcripts must be evaluated by either World Education Services (www.wes.org) or Educational Credential Evaluators (www.ece.org). Please request a course by course evaluation.

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

PRINT NAME: ________________________________________________________________________________

SIGNATURE: ________________________________________________________________________________

TODAY’S DATE: ________________________________________________________________________________

Mail (do not email) completed application to the address below:

BioScience Academy
Boston University School of Medicine
72 East Concord Street, R-1020
Boston, Massachusetts 02118

Please staple each section of your application materials before mailing.
(Do not send without stapling and do not staple all documents together.)
Name of applicant: ____________________________________________________________

Name of Evaluator: ____________________________________________________________

Relationship to 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.

<table>
<thead>
<tr>
<th>Excellent (E)</th>
<th>Good (G)</th>
<th>Fair (F)</th>
<th>Doubtful (D)</th>
<th>Poor (P)</th>
<th>No basis for judgment (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependable</td>
<td>Responsible</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Team player</td>
<td>Independent</td>
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<tr>
<td>Focused</td>
<td>Self- Motivated</td>
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<tr>
<td>Determined</td>
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Skills

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<th>Troubleshooting</th>
<th>Technical</th>
<th>Laboratory</th>
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</table>

Please write on the back of this page a brief statement about the applicant’s potential to succeed in BioScience Academy and in a biomedical job. Please include your assessment of the applicant’s major strengths & weaknesses.

______________________________________________________________________________

______________________________________________________________________________

Your signature ___________________________ Date ____________________________
Boston University School of Medicine

BioScience Academy Applicant Recommendation

The applicant below is applying to BioScience Academy, an intensive two-semester program.

Name of applicant: _______________________________________________________

Name of Evaluator: _________________________________________________________

Relationship to 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.

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

Dependable _______    Responsible _______    Team player _______    Independent _______

Focused _______    Self- Motivated _______    Determined _______

Skills

Critical Thinking _______    Troubleshooting _______

Technical _______    Laboratory _______

Please write on the back of this page a brief statement about the applicant’s potential to succeed in BioScience Academy and in a biomedical job. Please include your assessment of the applicant’s major strengths & weaknesses.

Your signature ___________    Date ___________

Please mail, fax or email to:

BioScience Academy
Boston University School of Medicine
R-1020, 72 East Concord St
Boston, MA 02118

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