



# *Gateway to Medicine Program* *Brooklyn Technical High School*

## Application Instructions

The Gateway to Medicine Program is open only to students who have passed the Specialized High School Admissions Test and who are entering Brooklyn Technical High School in the fall semester of 2010.

After carefully reviewing this application, parents and students interested in the Gateway to Medicine Program may attend the Gateway Information Night on March 3, 2010 beginning at 5:30 pm sharp. This event will allow you to ask your questions about the program and receive additional information.

Review all information carefully to determine if the Gateway to Medicine Program is suitable for the student. Enrolling in the Gateway to Medicine Program requires successful completion of the following steps:

1. Admission to Brooklyn Technical High School
2. A completed application to the Gateway to Medicine Program (the materials in this packet)
3. An interview, conducted in April by students and faculty at Brooklyn Technical High School
4. Completion of the summer program at Brooklyn Technical High School (beginning of July through mid-August)

In order to gain an interview, the following application materials **must be received no later than March 19, 2010. Late or incomplete applications will not be considered.**

- copy of your most recent report card, stamped or signed by your 8th grade guidance counselor
- copy of Specialized HS exam score and acceptance to Brooklyn Technical HS (see school counselor)
- completed application form signed by student and parent (see Page 2)
- typed personal statement essay (see instructions on Page 2)
- one letter of recommendation from a teacher of either Language Arts or Social Studies (see Page 3)
- a second letter of recommendation from a teacher of either Science or Mathematics (see Page 4)

All materials, including all recommendations and score reports should be placed in ONE large envelope and mailed to:

**Mr. Thomas A. Evangelist**  
**Assistant Principal, Science**  
**Brooklyn Technical High School**  
**29 Fort Greene Place**  
**Brooklyn, NY 11217**

Reminder, the application deadline is March 19, 2010.  
Email [TEvange@Schools.NYC.Gov](mailto:TEvange@Schools.NYC.Gov) for more assistance.

Application Form

Please PRINT all information NEATLY!

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Student's Date of Birth (mm/dd/yy) \_\_\_\_\_ Male Female (circle one)

Student's E-Mail Address \_\_\_\_\_

NYC Dept. of Educ. OSIS # (if applicable) \_\_\_\_\_

Phone Number of Current School \_\_\_\_\_

Name of Junior High/Middle School \_\_\_\_\_

Names of Two Reference Teachers \_\_\_\_\_

**Student Contact Information**

House Number and Street \_\_\_\_\_

Apartment Number \_\_\_\_\_ Borough \_\_\_\_\_ Zip Code \_\_\_\_\_

Full Name of Parent/Guardian \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent's Daytime Phone # \_\_\_\_\_

Parent's E-Mail Address \_\_\_\_\_

**Student Awards and Extracurricular Activities**

Please list any special awards from the school or community, and/or any volunteer or extracurricular activities in which the student has participated. Use a separate sheet if necessary, and attach copies of letters or certificates as evidence of these.

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**Essay Instructions**

On a separate sheet of paper, the student must write an original, typed (double-spaced) essay describing a specific scientific topic or issue of interest, the personal reasons for that interest, and how the student hopes to pursue that interest in the future. The word count for this essay should be 250-350 words. Parents: This is an essay for the STUDENT to write! Be prepared to discuss this essay at the interview.

**Statement of Commitment**

We (the student applying for consideration and his/her parent/guardian) have read the description of the Gateway to Medicine Program on the Brooklyn Technical HS website at [www.bths.edu](http://www.bths.edu). We understand the nature of the program, the admission requirements and process, and the requirements of the program itself. We understand that if this application passes the initial screening process, the applicant must sit for an interview scheduled by the Gateway Program. We understand that attendance and participation in a six-week Summer Program is a mandatory component for those students who enroll in the program. We understand that the Gateway to Medicine Program is a four-year commitment with additional coursework subject to Dept. of Education funding. Our signatures below indicate we understand these obligations and would like the student to be considered for admission to the Gateway to Medicine Program at Brooklyn Technical HS.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Gateway to Medicine

## Humanities Teacher Recommendation

### Student Instructions

Please ask one of your current teachers in either English or Social Studies to recommend you for the Gateway Program. **Fill out the first section** for them and **provide a letter-size envelope printed with your name on it**. The teacher will place this form in the envelope and seal it. **By signing this sheet, the student and parent waive access to this recommendation, which means that the teacher's evaluation is confidential and will NOT be seen by the student or the parent.**

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

### Teacher Instructions

Dear colleague: Please assist us in completing the application for the above-named student who is applying for admission to the Gateway to Medicine Program at Brooklyn Technical High School. **Please complete and sign this form** and return it to the student in a **sealed envelope with your signature over the seal**. The student and parent signatures above indicate that they will not have access to the information you provide. However, if there are no signatures, use your judgment to decide whether to complete this recommendation.

Teacher Name \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Teacher's E-Mail Address \_\_\_\_\_

Subject Class (in which you teach this student) \_\_\_\_\_

Student's Most Recent Average \_\_\_\_\_

### Comments

This student is being considered for a rigorous program intended for high-achieving and motivated students with a serious interest in science. Most of these students will have high grades, excellent attendance, and an ability to organize their work. Please assess this student in comparison to other students in the same class or program.

<i>Please rate this student on a scale of 1 to 5 (check the appropriate box)</i>	<i>Well below average 1</i>	<i>Below average 2</i>	<i>Average 3</i>	<i>Above average 4</i>	<i>Well above average 5</i>
<i>1. academic performance or achievement</i>					
<i>2. educational curiosity or inquisitiveness</i>					
<i>3. overall seriousness and in-class maturity</i>					
<i>4. self-motivation and organizational skills</i>					
<i>5. communication skills and confidence</i>					

Please write any additional comments that may explain any of the above or add more information to this student's application. You may use a separate sheet or write on the reverse of this form if you prefer. Don't forget to seal and sign the envelope for this form. **Thank you!**

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# Gateway to Medicine

## Math or Science Teacher Recommendation

### Student Instructions

Please ask one of your current teachers in either Math or Science to recommend you for the Gateway Program. **Fill out the first section** for them and **provide a letter-size envelope printed with your name on it**. The teacher will place this form in the envelope and seal it. **By signing this sheet, the student and parent waive access to this recommendation, which means that the teacher's evaluation is confidential and will NOT be seen by the student or the parent.**

Student Name \_\_\_\_\_ Student Signature \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

### Teacher Instructions

Dear colleague: Please assist us in completing the application for the above-named student who is applying for admission to the Gateway to Medicine Program at Brooklyn Technical High School. **Please complete and sign this form** and return it to the student in a **sealed envelope with your signature over the seal**. The student and parent signatures above indicate that they will not have access to the information you provide. However, if there are no signatures, use your judgment to decide whether to complete this recommendation.

Teacher Name \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Teacher's E-Mail Address \_\_\_\_\_

Subject Class (in which you teach this student) \_\_\_\_\_

Student's Most Recent Average \_\_\_\_\_

### Comments

This student is being considered for a rigorous program intended for high-achieving and motivated students with a serious interest in science. Most of these students will have high grades, excellent attendance, and an ability to organize their work. Please assess this student in comparison to other students in the same class or program.

<i>Please rate this student on a scale of 1 to 5 (check the appropriate box)</i>	<i>Well below average 1</i>	<i>Below average 2</i>	<i>Average 3</i>	<i>Above average 4</i>	<i>Well above average 5</i>
<i>1. academic performance or achievement</i>					
<i>2. educational curiosity or inquisitiveness</i>					
<i>3. overall seriousness and in-class maturity</i>					
<i>4. self-motivation and organizational skills</i>					
<i>5. communication skills and confidence</i>					

Please write any additional comments that may explain any of the above or add more information to this student's application. You may use a separate sheet or write on the reverse of this form if you prefer. Don't forget to seal and sign the envelope for this form. **Thank you!**

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