Alpha Epsilon Delta

Pre Health Honors Society

FIU/UM Medical Mentoring Program
APPLICATION

Contact Information:
Name:
Address:
City: St: Zip:
Phone:
Email:

Academic Information:
SSN:
Classification:
Major:
GPA:
****Note: Please attach Unofficial Transcript****

Extra-Curricular Activities:
Clinical Volunteer Experience:
0-50 hrs. _____
51-100 hrs. _____
100+ hrs. _____
Non Clinical Volunteer Experience:
0-50 hrs. _____
51-100 hrs. _____
100+ hrs. _____
Student Club/Society Memberships:
1)
2)
3)
4)
5)

Are you applying to or have been accepted to any other AED programs?
If Yes, please list:

1) _____
2) _____
3) _____

Essays/Questions:

1) How will having a medical school student mentor help you? _____

_____
_____
_____
_____