Medgar Evers/Kingsborough Bridge Program

Application Form

Name_____ ☐ Female ☐ Male
Last First Middle

E-mail_____ Current Phone (___)_____

Current Mailing Address_____
_____
_____

Social Security Number_____ Date of Birth_____

Citizenship
☐ US Citizen ☐ Permanent Resident ☐ Other_____

Racial/Ethnic Background
☐ African-American
☐ Asian (non-Pacific Islander)
☐ Native American or Alaskan Native
☐ Pacific Islander
☐ White/Non-Hispanic
☐ Other_____
☐ Mexican
☐ Mexican American
☐ Puerto Rican
☐ Cuban
☐ Other Hispanic

Education Transcript will be used to assess the educational history of each applicant. Students do not need to submit copies of their transcripts as the program has access to these records.

Recommendation Please provide the name and phone numbers of an academic or professional person from whom you have requested a recommendation.

Name_____ Phone number_____

Personal Statement Please provide on a separate sheet of paper a typed statement describing yourself, your interests in the Bridge Program, and your academic and career goals. Return the application and Personal Statement by October 1, 2000.

Return to: Dr. Arthur Zeitlin, Chair
Department of Biology
Kingsborough Community College
2001 Oriental Blvd.
Brooklyn, NY 11235

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Recommendation Form

Part A: To be completed by the Applicant

Enter your full name and recommender's name below.

Applicants Full Name_____

Recommender's Name_____

In accordance with the provisions of the Family Education Rights to Privacy Act of 1974, select one of the following:

- ☐ I DO waive my rights of access to review this letter of reference.
- ☐ I DO NOT waive my rights of access to review this letter of reference.

(NOTE: If you check I DO, the recommendation will remain confidential; if you check I DO NOT, you may review the recommendation after you are accepted into the Bridge Program.)

Part B: To be completed by the Recommender

The person named as above is applying to the Medgar Evers/Kingsborough Bridge Program and has requested that your evaluation be included as part of the information on which the committee will base its decision. We would appreciate your prompt, candid evaluation. If the applicant did not waive his/her right to review your letter they will be granted access to view it upon his/her request.

A. How long have you known this applicant?_____ In what capacity?_____

B. Personal and Professional Appraisal:

Characteristic	Superior	Above Average	Average	Below Average	Inadequate Knowledge
Intellectual Capacity					
Leadership					
Professional Competence					
Sense of Responsibility					
Ability to Work with People					
Ability to Organize Efforts with Others					
Ability to Work Independently					
Emotional Stability					
Ability in Written Communication					
Ability to Analyze Problems and Solve them Effectively					

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C. In the space below or on a separate sheet, add descriptive comments that will assist in providing a complete picture of the applicant's abilities and potential.

D. Overall recommendation

Strongly Recommend	Recommend	Recommend with reservations noted above	Do Not Recommend

PLEASE TYPE OR PRINT:

Your Name_____

Title_____ Email_____

Organization_____

Address_____

_____

Phone Number_____ Fax_____

Signature_____ Date_____

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