



February 20, 2019

Dear Student:

We are currently looking for dedicated premed students to join the Undergraduate Science Students Together Reaching Instructional Diversity and Excellence Program (USSTRIDE). The road to medical school is challenging yet rewarding, and one of the best ways to be prepared is to find a great support network. USSTRIDE is such an organization that can help you prepare for medical school. Gaining admission to medical school takes commitment, hard work, and self-determination; you must be able to consistently excel in all of your classes while at the same time engage in meaningful activities. USSTRIDE will offer you a wealth of information and opportunities to prepare you on your journey.

USSTRIDE offers the following opportunities: study group participation, leadership opportunities, tutoring if needed, training in public speaking, workshops on writing your personal statement, interview preparation, premedical advising, presentations by medical professionals and guest speakers, and a Clinical Assistant course for selected students (partial scholarships are awarded for students to be trained in clinical skills including phlebotomy and EKG, and placed in a semester-long externship in a physician's office). USSTRIDE has been very successful in preparing students for admission to FSU and other medical schools. Because of the excellent opportunities provided, the application process for this organization is very competitive.

We would like to extend to you an application to become a part of USSTRIDE. The selection criterion to join USSTRIDE is listed below, and all of the application forms are attached. Please submit your completed application forms to the Pre-Medical Advising and Outreach Office in College of Medicine **by 5:00 pm, Friday, March 29, 2019.**

Selection Criteria:

- Must demonstrate a commitment to pursuing a medical degree
- Florida State University College of Medicine must be your first choice for medical school
- 3.3 grade point average
- Personal Statement
- Resume
- Transcript
- Two recommendations

Sincerely,

A handwritten signature in black ink that reads "Thesla B. Anderson". The signature is written in a cursive, slightly slanted style.

Thesla Berne-Anderson, Director



IN ORDER TO BE CONSIDERED FOR THE UNDERGRADUATE SSTRIDE PROGRAM, THE FOLLOWING ITEMS MUST BE SUBMITTED:

1. A resume
2. A personal statement indicating what makes you a strong candidate for this program. Please answer each of the following questions:
 - A. In considering FSU College of Medicine's unique mission, describe why you are a mission fit.
 - B. What sparked your interest in medicine?
 - C. What area of medicine are you interested in pursuing and why?
 - D. How do you think being a member of USSTRIDE will benefit you?
 - E. How do you think your peers will benefit from your participation in USSTRIDE?
3. An unofficial college transcript
4. Two letters of recommendation. Please use the attached forms.
5. Three references with phone numbers (different from your recommenders; at least one should be a previous employer, advisor or teacher).
6. A copy of your class schedule and/or work schedule.

**APPLICANTS IN GOOD STANDING
WILL BE INVITED FOR AN INTERVIEW VIA EMAIL**

Please address any questions to:

MRS. Tesla Anderson

tesla.anderson@med.fsu.edu

Career Interest: _____

Hobbies: _____

Volunteer Work: _____

Member of Organization(s): _____

REFERENCES

Please list three references (e.g. a teacher/professor, employer, church leader).

| Reference 1 | | |
|---------------------------------|---------------------|--------------|
| Name _____ | Daytime Phone _____ | Number _____ |
| Title/Occupation _____ | | |
| Relationship to Applicant _____ | | |

| Reference 2 | | |
|---------------------------------|---------------------|--------------|
| Name _____ | Daytime Phone _____ | Number _____ |
| Title/Occupation _____ | | |
| Relationship to Applicant _____ | | |

| Reference 3 | | |
|---------------------------------|---------------------|--------------|
| Name _____ | Daytime Phone _____ | Number _____ |
| Title/Occupation _____ | | |
| Relationship to Applicant _____ | | |

I have read and understood the program's rules, regulations, and responsibilities for becoming a participant. If selected I will follow the rules of the program and be a dedicated member. I agree to release my demographic and academic information to, and only to, the SSTRIDE office for archiving and research purpose. I also agree that I can be contacted by the SSTRIDE office to update my profile in the future.

Signature: _____ Date: _____

Please submit application to the address below BY March 29, 2019.

Undergraduate Outreach Program, 1115 W. Call Street, Suite 2140, P.O. Box 3064300, Tallahassee, FL 32306-4300



USSTRIDE

RECOMMENDER'S PACKET

**PLEASE HAVE THE RECOMMENDER COMPLETE THE ATTACHED FORM
AND RETURN IN A SEALED ENVELOPE**



USSTRIDE

Science Students Together Reaching Instructional Diversity & Excellence

USSTRIDE Program

What is SSTRIDE?

Project SSTRIDE (Science Students Together Reaching Instructional Diversity & Excellence) was instituted in the summer of 1993 as an outreach program of the Program in Medical Sciences (PIMS) at Florida State University, now the College of Medicine. SSTRIDE's mission is to identify students who have a genuine interest in pursuing a career in science, engineering, mathematics, health, or medicine and to give those students the support services important for them to develop the sense of responsibility, focus and motivation necessary for success in their chosen fields. SSTRIDE will prepare students for rigorous college study in math and science by offering a challenging learning environment with high expectations, and access to positive role models. This outreach effort is an educational pipeline that provides continuing academic support and assistance to students in grades 7 through college. This pipeline consists of several components designed to assist in student development, academic achievement and community involvement.

The undergraduate component is open to students from Florida State University, Florida A&M University and Tallahassee Community College. The purpose of the FSU SSTRIDE undergraduate program is to increase the likelihood that these students will be successful applicants to the FSU College of Medicine, or other colleges of medicine, or graduate degree programs.

The SSTRIDE undergraduate program consists of the following features:

- Mentoring from outreach and advising staff
- Tutoring in any academic subject
- Review and critique of personal statements for admission into medical school
- Mock admissions interviews with feedback
- Pre-medical advising
- Professional development workshops
- Study groups and opportunities to become a study group facilitator
- Service learning opportunities and community service involvement
- Test preparation for the Medical College Aptitude Test (MCAT)
- Preclinical Assistant Course/Externship

What is a SSTRIDE Mentor?

FSU USSTRIDE also provides a mentoring program where accepted members will be selected for their developing abilities as leaders and lifelong learners, and are committed to becoming a mentor and being a positive role model at all times. These students serve as teaching assistants, tutors and mentors for all local and rural SSTRIDE programs. Those who are selected as mentors may be placed in an area middle or high school to support classroom instruction such as tutoring, assisting with service learning projects, field trips, shadowing, and medical facility and clinic visits. They will be assigned duties and responsibilities with the Leon County in-school and after-school program, as well as in the rural SSTRIDE counties.

RECOMMENDATION FOR UNDERGRADUATE PROGRAM

To be completed by the Applicant:

Please fill in your name before forwarding the recommendation to the Recommender. The confidentiality waiver option must be signed.

Name of the Applicant _____
Address: _____
Phone Number: _____
Email: _____

I, _____, WAIVE ___ DO NOT WAIVE ___ any right I have to read or obtain copies of this recommendation after it has been completed by my recommender.

Signature of Applicant

To the Recommender:

The person named above is applying for admission to the SSTRIDE Undergraduate Program. Also, if the student checks that they sign to waive their rights PLEASE do not give this back to them. They are not allowed to read it. The applicant and Florida State University College of Medicine SSTRIDE Program appreciate your completing and returning this application to the address below or returning this application to the applicant in a sealed envelope. This recommendation form is necessary for processing the application. Thank you for your time and effort in completing this form.

Name of Recommender: _____
Please print clearly

How long have known the applicant? _____

In what capacity? _____

What special personal qualities or strengths would the applicant bring to the SSTRIDE Undergraduate Program? Please indicate how you have seen those qualities demonstrated.

Please comment on your impression of the applicant's capacity for success in academic work at the university level.

Please comment on your impression of the applicant's potential for a successful health career.

Please rate the applicant's promise as a USSTRIDE member:

| | Exceptional | Above Average | Average | Below Average | Poor | Don't Know |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Character/Reputation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patience | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interpersonal Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual/Academic Ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative/Motivation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professional Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential for Success in program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please include any additional comments or attach more as needed:

Please indicate the overall of your overall recommendation:

Highly Recommend Recommend Weakly Recommend Do Not Recommend

Signature

Date

Name: _____ Phone: _____
Position/Title: _____ Email: _____
Address: _____

Please return to:

Thesla Aneron, Director
1115 W. Call St., Suite 2140
P.O. Box 3064300
Tallahassee, FL 32306-4300
(850) 644-7678



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Please include any additional comments or attach more as needed:

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- Highly Recommend Recommend Weakly Recommend Do Not Recommend

Signature

Date

Name: _____ Phone: _____

Position/Title: _____ Email: _____

Address: _____

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