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,

Thesla B. Anderson

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 you 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. Thesla Anderson

thesla.anderson@med.fsu.edu
Florida State University
College of Medicine Outreach Program
Application

Name ________________________________  Last    First    MI

Current Address: ________________________________  City    State    Zip

Permanent Address: ________________________________  City    State    Zip

Local Phone #: ________________________________  Email Address: ________________________________

FSUSN #: ________________________________  Date of Birth: ________________________________

High School: ________________________________  Year Graduated: ________________________________

Birth State: ________________________________  Resident County: ________________________________

Ethnicity (circle):  White (Non-Hispanic)  Black(Non-Hispanic)  Hispanic  American Indian
Asian/Pacific Islander  Other________________________

Current College/University: ________________________________  Admission Year_________Semester________

Current Classification:  Freshman  Sophomore  Junior  Senior

Cumulative GPA: ________________________________  Declared Major: ________________________________

How many credit hours have you completed? _____Credit hours currently enrolled in: ________________________________

Credit hours enrolled in next semester: ________Semester/year you anticipate graduating: ________________________________

Do you plan to apply/attend the FSU College of Medicine? (Circle one): Yes  No  I have not decided

Did you participate in any SSTRIDE program at pre-college level?  No  Yes (please specify): ________________

Are you from a rural area?  Yes  No

Are you the first-generation college student?  Yes  No

Your parents educational level:  Mother: ________________________________  Father: ________________________________

Estimated annual household income: ________________________________

List ALL colleges/universities you have attended in chronological order. Attach a copy of college or university transcript to this application form.

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>Institution Location</th>
<th>Dates Attended</th>
<th>Degree Earned</th>
<th>GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Career Interest: ____________________________________________________________

Hobbies: __________________________________________________________________

Volunteer Work: __________________________________________________________________

Member of Organization(s): __________________________________________________________________

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

<table>
<thead>
<tr>
<th>Reference 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________________ Daytime Phone: ____________________ Number: __________</td>
</tr>
<tr>
<td>Title/Occupation: ________________________</td>
</tr>
<tr>
<td>Relationship to Applicant: ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________________ Daytime Phone: ____________________ Number: __________</td>
</tr>
<tr>
<td>Title/Occupation: ________________________</td>
</tr>
<tr>
<td>Relationship to Applicant: ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ____________________________________ Daytime Phone: ____________________ Number: __________</td>
</tr>
<tr>
<td>Title/Occupation: ________________________</td>
</tr>
<tr>
<td>Relationship to Applicant: ____________________</td>
</tr>
</tbody>
</table>

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
RECOMMENDER’S PACKET

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

<table>
<thead>
<tr>
<th>Character/Reputation</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual/Academic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative/Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for Success</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
RECOMMENDER’S PACKET

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Poor</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character/Reputation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patience</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual/Academic Ability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative/Motivation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for Success in program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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