Revised 8/8/08

MIAMI DADE COLLEGE/UNIVERSITY OF MIAMI
NATIONAL INSTITUTE OF HEALTH/HOWARD HUGHES MEDICAL INSTITUTE

BRIDGES TO THE FUTURE PROGRAM

APPLICATION FORM

Part 1 Please print information requested

_____ _____ _____
Last Name First Name Middle Name

_____ _____ _____ _____
Address City State Zip Code

(_____)_____ (_____)_____
Home Telephone Number Alternate Telephone Number

Ethnicity: ❒ Black ❒ Hispanic ❒ Pacific Islander ❒ Native American

U.S. Citizen: ❒ Yes ❒ No Permanent Resident: ❒ Yes ❒ No

_____ _____ _____ _____ _____
High School Name High School Address City State Zip

Designate if Honors, AP or Advanced

_____/_____ _____ _____
Highest Level Math Completed/Grade Earned Algebra II Grade Earned Chemistry Grade Earned

SAT Combined_____ or Critical Reading_____ Math_____

ACT Composite _____ or English _____ Math _____ Reading _____

CPT Reading _____ Writing _____ Algebra _____ CLM _____

High School GPA Weighted_____ Unweighted _____ Anticipated HS graduation date: _____

GPA Certification (requires counselor's signature): _____

_____ _____ _____ _____ _____
Parent Name Parent Address City State Zip

Part 2 Please write a brief essay addressing the following questions.

1) What are your career goals?
2) Why are you interested in this program?
3) What research experiences, if any, have you had in high school?

Part 3 Please submit the following with this application form:

1) Two (2) letters of recommendation (one must be from a high school teacher or counselor).
2) A copy of your high school transcript.

Mail completed application to Miami Dade College

InterAmerican Campus
Jennifer Bravo
627 SW 27th Avenue
Miami, FL 33135
305-237-6910

North Campus
E. Carter Burrus
11380 NW 27th Avenue
Miami, FL 33167
305-237-1107

Wolfson Campus
Virginia I. Fuillerat
300 NE 2nd Avenue
Miami, FL 33132
305-237-7353

Kendall Campus
Loretta Adoghe
11011 SW 104th Street
Miami, FL 33176
305-237-2429