

Mayo Clinic CARES Application Screen Shots

Once the applicant has successfully logged on to their Mayo Clinic Application Account, they would follow the screen shot below.

If the applicant has already started an application and need to return to work on it, they would click 'Edit' under ACTION.

The screenshot shows the 'My Account' page of the Mayo Clinic CARES application system. At the top, there is a navigation bar with the Mayo Clinic logo and 'College Admissions' on the left, and 'My Account', 'Apply Now', and 'Events' on the right. The main heading is 'My Account'. Below this is a introductory paragraph: 'Mayo Clinic College of Medicine and Science has been training the next generation of medical, biomedical research, and health sciences professionals for more than 100 years. Explore your options today.' The 'My Applications' section features a table with one application listed: 'Spring / Summer 2023 - Mayo Clinic CARES Program (In-Person)' with a status of 'Started' and an 'Edit' action link. A 'Create a New Application' link is located at the top right of this section. To the right, the 'Need Help?' section provides contact information for the Mayo Clinic College of Medicine and Science, including the address (200 1st Street SW, Rochester, MN 55905), email (MCCM@mayo.edu), and phone number (507-284-3745). It also includes technical assistance contact information for the Education Technology Center.

Mayo Clinic
College Admissions

My Account Apply Now Events

My Account

Mayo Clinic College of Medicine and Science has been training the next generation of medical, biomedical research, and health sciences professionals for more than 100 years. Explore your options today.

My Applications [Create a New Application](#)

APPLICATION	STATUS	ACTION
Spring / Summer 2023 - Mayo Clinic CARES Program (In-Person)	Started	Edit

Need Help?

Mayo Clinic College of Medicine and Science
200 1st Street SW
Rochester, MN 55905

Email: MCCM@mayo.edu
Phone: 507-284-3745

For technical assistance, please contact the Education Technology Center by phone at 507-266-9087 or email ETC@mayo.edu.

If the applicant needs to start an application, they would click on 'Create a New Application.'

This screenshot shows the 'My Account' page when no applications are currently active. The layout is identical to the previous screenshot, but the 'My Applications' table is empty. Instead of a table, the text 'You do not currently have any applications.' is displayed in the center of the 'My Applications' section. A prominent blue button labeled 'Create a New Application' is positioned below this text. The 'Need Help?' section on the right remains the same, providing contact information for the Mayo Clinic College of Medicine and Science and the Education Technology Center.

Mayo Clinic
College Admissions

My Account Apply Now Events

My Account

Mayo Clinic College of Medicine and Science has been training the next generation of medical, biomedical research, and health sciences professionals for more than 100 years. Explore your options today.

My Applications

You do not currently have any applications.

[Create a New Application](#)

Need Help?

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Rochester, MN 55905

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They would click 'Start a Mayo Clinic College of Medicine and Science Experience Application.'

Mayo Clinic
College Admissions

My Account Apply Now Events

Start a new application

Your next step toward your new health care career!

Mayo Clinic Graduate School of Biomedical Sciences

[Start a Graduate School of Biomedical Sciences Application](#)

Mayo Clinic School of Graduate Medical Education

[Start a School of Graduate Medical Education Application](#)

Mayo Clinic School of Health Sciences

[Start a School of Health Sciences Application](#)

Mayo Clinic College of Medicine and Science Experience

This application is for non-clinical programs and experiences, including those which fall under the Office of Non-Clinical Education Programs.

[Start a Mayo Clinic College of Medicine and Science Experience Application](#)

If they see the page below, they would click 'Continue with Application Selected Above.'

Mayo Clinic
College Admissions

My Account Apply Now Events

Online Application

Spring / Summer 2023 - Mayo Clinic CARES Program (In-Person)/Phoenix, AZ

[Apply to a Different Program](#) [Continue with Application Selected Above](#)

They would select either 'Mayo Clinic CARES Program (In-Person)' or 'Mayo Clinic CARES Program (Virtual)' in the Area of Interest drop down. They would proceed to complete all required fields.

Program of Interest

Contact Information

Personal Information

Education & Additional Information

Signature & Submit

Mayo Clinic College of Medicine and Science Experience Application

Please enter your information in each of the following sections. Fields with a red asterisk (*) are required and must be completed before you can submit your application. Additional questions may become required based on your answers to a previous question.

You can submit your application only once, and once submitted you will not be able to make changes to your application information using the online application system.

Program of Interest

Area of Interest *

Mayo Clinic CARES Program (In-Person) ▼

The Mayo Clinic CARES (Career Advancement, Research, and Education Summer) Program serves Arizona high school students interested in exploring the healthcare professions. Only freshman, sophomore, and junior students are eligible to apply. No prior experience is necessary. Professions and topics covered during the program include: physician careers, nursing, rehabilitation therapy, physician assistant, social work, biomedical research, diversity, equity and inclusion, public health, and many other health sciences. The program offers a mentorship experience during the academic year following the summer program.

- **In-person program:** June 6 - June 29, 2023, Tuesdays, Wednesdays, and Thursdays

OR

- **Virtual program:** July 10 - July 14, 2023, Monday-Friday

Students are eligible for only one program and can choose their preference when applying. All dates must be attended. Please do not submit an application unless you are available to attend ALL program dates.

Campus Location *

Phoenix, AZ ▼

Program Start Date *

June 2023 ▼

Entry Term *

Spring / Summer 2023 ▼

What year in school are you? *

▼

The Mayo Clinic CARES Program is only open to **Arizona** high school students at this time.

Are you an Arizona high school student? *

▼

Have you participated in any other summer learning experiences? *

If selected for the program, how do you plan on traveling to Mayo Clinic?*

Have you previously applied to this program?

Yes No

Please let us know how you heard about our program. *

Do you have any connections with Mayo Clinic?

Save Application

Save & Continue

Signature & Submit

Please enter your information in each of the following sections. Fields with a red asterisk (*) are required and must be completed before you can submit your application. Additional questions may become required based on your answers to a previous question.

Name

Enter your name without symbols or accent marks such as ñ, ö, â, ç, ú, ë, etc.

Legal First Name *

The first letter must be capitalized. First name must not exceed 20 characters.

Middle Name

The first letter must be capitalized. Middle name must not exceed 20 characters.

Legal Last Name *

The first letter must be capitalized. Last name must not exceed 40 characters.

Suffix

Preferred First Name

Leave blank if not applicable or if your preferred name is the same as your legal first name.

Full Name Pronunciation

Provide the phonetic spelling of your name.

Permanent Address

Check if address is outside of U.S. or Canada

Address *

City *

State/Province *

ZIP/Postal Code *

Email Address and Phone Number

Personal Email Address *

Phone *

Please indicate whether Mayo Clinic College of Medicine and Science (MCCMS) may send you text messages and emails about recruiting events, admissions and program-related information. Message frequency may vary. Message and data rates may apply.

Informational and Promotional Emails *

Text Messages *

Parent/Guardian Contact Information

Please note that a notification email will be sent to your parent/guardian upon submission of the application.

First Name *

Last Name *

Email Address *

Phone *

Parent/Guardian #1 Highest Level of Education *

Parent/Guardian #2 Highest Level of Education

[Previous Page](#)

[Save Application](#)

[Save & Continue](#)

Signature & Submit

Please enter your information in each of the following sections. Fields with a red asterisk (*) are required and must be completed before you can submit your application. Additional questions may become required based on your answers to a previous question.

Demographics

Sex *

Please provide sex (only valid options for state and federal reporting)

Birth Date (mm/dd/yyyy) *

Type birth date including year accurately. Select birth year first if using the calendar for entry.

Country of Origin *

What is your citizenship status? *

Gender Inclusivity and Awareness

Commitment to Gender Inclusivity and Awareness

The questions in this section are optional.

Mayo Clinic College of Medicine and Science upholds all federal and state laws that prohibit discrimination on the basis of race, sex, age, national origin, marital status, color, creed, sexual orientation, gender identity or expression, disability (physical and mental), genetic information, veteran status, familial status, and status with regard to public assistance or other protected categories.

Information shared in this section will be used only in aggregate to better understand the needs of our applicant pool. If you are selected for interview, we would not share this information with persons involved with the interview and admission selection processes, unless you request us to do so.

Gender Identity

Pronoun

Demographic Data

Mayo Clinic is an equal opportunity educator and employer. We are committed to developing a diverse environment in research, education and clinical practice. The information requested is voluntary and confidential.

Ethnicity

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Black or African American

A person having origins in any of the black racial groups of Africa. Inclusive of 'Haitians' and groups of Afro-Caribbean descent.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii or the US Pacific Islands.

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Supplemental Information

I am the child of an honorably discharged US veteran. *

I am the child of an active duty US military member. *

Are you the first person in your immediate family to pursue college?*

In the last 5 years have you or anyone in your immediate family been eligible for free or reduced lunch?*

Are you the first person in your immediate family to pursue a career in healthcare?*

In the last 5 years have you or anyone in your immediate family received SSI, SNAP, WIC, TANF, or CHIP?*

Would participating in this program prevent you from having a summer job?*

Disclosure Questions

Have you ever been convicted of any crime (felony, gross misdemeanor, or misdemeanor)? *

Yes No

Data Privacy Notice

Mayo Clinic College of Medicine and Science (MCCMS) is asking you to provide information which includes private information under state and federal law. The school is asking for this private information in order to process your application for admission. You are not legally required to provide the information and you may refuse to provide some or all of the information requested. However, the school may not be able to finalize your admission or your registration if you do not provide sufficient information.

With some exceptions, unless you consent to further release of private information, access to this information will be limited to employees of the school. However, federal and state laws do authorize release of private information without your consent to:

- other school officials, including faculty, who have legitimate educational interests in the information (financial aid, business office, disability services, veteran's affairs, etc);
- other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- the federal Comptroller General or other federal, state or local education officials for purposes of program compliance, audit or evaluation;
- as appropriate in connection with your application for, or receipt of, financial aid;
- the juvenile justice system, if you are a juvenile, and the information is necessary, prior to adjudication, to determine the juvenile justice system's ability to serve you;
- an alleged victim of sexual assault, if you are the alleged perpetrator of the assault, and the release is of the results of a disciplinary proceeding against you related to the alleged crime;
- your parents, if your parents claim you as a dependent student for tax purposes;
- a court, grand jury, or state or federal agency, if the information is sought with a subpoena;
- an institution engaged in research for an educational institution or agency related to testing, student aid, or improved instruction;
- an accrediting organization in connection with its accrediting functions;
- appropriate persons in connection with an emergency, if necessary to protect your health or safety or the health or safety of others;
- if required by a court order, or permitted by other state or federal law.

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[Save & Continue](#)

Signature & Submit

Please enter your information in each of the following sections. Fields with a red asterisk (*) are required and must be completed before you can submit your application. Additional questions may become required based on your answers to a previous question.

High School Name *

High School City *

High School Cumulative GPA *

Additional Information

The following three questions will provide you a way to share your interests and background. It is recommended you have this written elsewhere and cut/paste into the online box for easier reviewing.

Please share why you are interested in the Mayo Clinic CARES program, including your academic and future career goals. (200-400 words)*

Please share your strengths, life experiences, and/or qualities that make you uniquely qualified to be in this program. (200-400 words)*

Please describe a time when you encountered a hardship or failure, overcame it, and showed resilience (keeping in mind it can be related to academic or personal experiences). (200-400 words)*

[Previous Page](#)[Save Application](#)[Save & Continue](#)

Signature & Submit

You can submit your application only once and once submitted, you will not be able to make changes to your application information using the online application system. Upon submission you will be prompted to review supplemental items to upload to your application.

Mayo Clinic College of Medicine and Science Admission Policy

All schools within the Mayo Clinic College of Medicine and Science are seeking outstanding applicants who are committed to achieving excellence while learning the art and science of medicine, health science and biomedical research. Applicants should possess the following general qualities at all times:

- Critical thinking
- Sound judgment
- Excellent communication skills
- Emotional stability and maturity
- Professional and ethical conduct
- Empathy
- Physical and mental stamina
- Ability to learn and function in a wide variety of didactic and clinical settings

Applicants must be able to perform the essential functions and meet the curriculum standards associated with their chosen training program. Students seeking exceptions to these standards or reasonable accommodations should initiate their request with the director of their intended training program.

Applicants offered admission to Mayo Clinic College of Medicine and Science must comply with institutional policies and procedures, which will be reviewed during the program orientation period and available through each school's administrative office.

Questions about these requirements can be directed to each school. Failure to comply or to provide requested documentation is grounds for rescinding an admission offer or terminating admission.

The applicant must select 'Yes' for all three Certification statements before typing their name as their signature and clicking 'Submit Application.'

Certification

Please affirm the following before you submit your application.

Do you certify the following? *

I understand that once my application has been submitted it may NOT be altered in any way.

Yes No

Do you certify the following? *

I certify that all of the information submitted in the application is my own work, factually true, and honestly presented. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false.

Yes No

Do you certify the following? *

If accepted into the program:

* I commit to attending all the days of the program for which I have been selected.

* I commit to actively participating during class sessions and to completing my final presentation.

* I understand that receiving the student stipend is dependent on my full attendance and participation in the program.

* I will do my best to participate/communicate periodically with my Mayo Clinic CARES mentor(s) throughout the school year following the summer program.

* I certify that the information in this application is true. I authorize the Mayo Clinic CARES Program administration to verify the information relevant to my suitability as a participant in the summer program.

Yes No

The electronic signature consists simply of your name, typed by you on your keyboard. The signature is your confirmation that the application you have filled out is your own work and the information is factually true. Once you type in your name, this will count as your electronic signature.

Signature *

Signature Date *

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[Save Application](#)

[Preview Before Submission](#)

[Submit Application](#)

The applicant should click their name in the upper right corner and select 'Sign Out' when they are done.

Change Password

Sign Out

My Account

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My Applications

[Create a New Application](#)

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