

## **Project STRIDE**



### (Students Training in Research Involving Disparity Elimination)

#### APPLICATION FOR 2019 Project STRIDE PROGRAM June 10 - August 12, 2019

**Instructions:** 

Please complete the entire application. Save it, scan the document and print a hard copy after you have completed it. Email or bring the signed and dated copy of the application. Your official sealed transcript and two (2) letters of recommendation should also be brought or mailed to the address provided on this application.

Last Name	First Nam	ne N	Iiddle Initial	Social Security	y No.
Mailing Address:		City:		State:	Zip:
Telephone No.:	Cell No:			FAX No:	
Date of Birth:	Place of Bi	Place of Birth:			
Sex: F MHeight	: Weight:_	E-mail:			
High School Currently Attending	y;			_ Current Grade	Level:
School Address:			Total	GPA:Sc	ience GPA:
What Science Courses have you	taken or are currently tak	ing? Please list:			
Guidance/Academic Counselor Name	Telephone No.	In Cas Name	e of Emergenc	y Please Notify Tel	lephone No.
Father's Name:		Occupation:		Income:	-
Mother's Name:		Occupation:		Income:	:
Name of Legal Guardian:		Occupation:		Income	:
No. of Brothers:		Ages:_			
No. of Sisters:		Ages:			
Language Proficiency:	Reading		Writing		Speaking
ENGLISH FI	uent  Good  Fair	Flue	ent □Good □F	air □ Flueı	nt □ Good □Fair □



# $\begin{array}{c} \textbf{Project STRIDE} \\ (\underline{S} tudents \ \underline{T} raining \ in \ \underline{R} esearch \ \underline{I} nvolving \ \underline{D} is parity \ \underline{E} limination) \end{array}$



Please list extracurricular activities (include school, community, health and/or church related):
Are you interested in a Health Profession Career?
If yes, which Health Profession Career?  What area(s) of health research are you interested in pursuing? and Why?
Have you ever worked on a clinical research project?
If yes, what was the name of the project; who was the researcher you worked with; where was the research done; and was the research published?
Do you have any health disabilities that we should be aware of? If yes, please list.
Do you have health insurance? If yes, please provide the following information:  Provider:Policy NoTelephone No
How did you learn about this program?



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Essay: Please write an essay of 450-550 words on: Why do want to be involved in clinical research?
Fill out the application electronically, save and print the copy; sign the original and bring the hard copies of the required materials to:
Mrs. Dolores E. Caffey-Fleming
Project STRIDE Program Director Charles R. Drew University of Medicine and Science 1731 East 120th Street Rm 111
1731 East 120 <sup>th</sup> Street Rm 111 Los Angeles, CA 900059
Required Documents
<ol> <li>Official Sealed High School Transcript (sent directly from school)</li> <li>Two Letters of Recommendation - One letter must be from Faculty/Academic Counselor</li> <li>Personal Statement/Essay- no more than 550 words.</li> </ol>

### All documents must be received no later than March 15th

If you have any questions, please feel free to e-mail or call Mrs. Caffey-Fleming at <a href="mailto:deefleming@cdrewu.edu">deefleming@cdrewu.edu</a> or call (323) 249-5716

I certify that all of the information submitted in this application has been carefully reviewed, is my own work and is factually true.	
Signature:	Date:
Signature of Parent or Guardian:	Date: