

Project STRIDE II

(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, print a hard copy, sign it and scan the document to me after you have completed it. Your official sealed transcript and two (2) letters of recommendation should also be scanned and emailed to the address provided on this application.

Last Name	First Name	Middle	Initial S	ocial Secu	rity No
Mailing Address:		City:		ıte:	Zip:
Telephone No.:	Cell No:				
Date of Birth:	Place of Birth	:			
Sex: F M Height:	Weight:	E-mail:			
University Currently Attending:		Current	Classification:		
School Address:		Т	fotal GPA:	Sci	ence GPA:
In Case of Emergency Please Notify					
Name	Telephone No.		Relations	hip	
Father's Name:		Occupation:			
Mother's Name:	(Occupation:			
Name of Legal Guardian:	Occupation:				
No. of Brothers:		Ages:			
No. of Sisters:		Ages:			

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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 research published?	ch done; and was the
Do you have any health disabilities that we should be aware of? If yes, please list.	
Do you have health insurance? Yes No	
If yes, please provide the following information:	
	ne No



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What other summer programs are you applying to: ____

Essay: Please write an essay of 450-550 words on: How do you plan to use your clinical research experience in the future?

Fill out the application electronically, save and print the copy; sign the original, scan and email or 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 Room 111 Los Angeles, CA 900059

Required Documents

- Official Sealed Transcript (sent directly from school) 1.
- 2. 3. Two Letters of Recommendation - One letter must be from Faculty Member
- Essay- no more than 550 words.

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 deefleming@cdrewu.edu 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:

This program is supported by a grant from the Doris Duke Charitable Foundation to Charles R. Drew University of Medicine and Science.