

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



### APPLICATION FOR 2020 Project STRIDE PROGRAM June 8 - August 15, 2020

**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	Social S	Security No
Mailing Address:		City:	State:	Zip:
Telephone No.:	Cell No:			
Date of Birth:	Place of Bir	rth:		
Sex: F M Height:	Weight:	E-mail:		
University Currently Attending:		Current Classific	cation:	
School Address:		Total GPA	A:	_Science GPA:
In Case of Emergency Please Notify				
Name	Telephone No.	F	Relationship	
Father's Name:		_Occupation:		
Mother's Name:		_Occupation:		
Name of Legal Guardian:		_Occupation:		
No. of Brothers:		Ages:		
No. of Sisters:		Ages:		



# **Project STRIDE**(Students Training in Research Involving Disparity Elimination)



Please list extracurricular activities (include school,	community, health and/or churc	h related):
Are you interested in a Health Profession Career?	☐ Yes ☐ No	
If yes, which Health Profession Career?  What area(s) of health research are you interested in	n pursuing? and Why?	
Have you ever worked on a clinical research project	et?	
If yes, what was the name of the project; who we research published?		
Do you have any health disabilities that we should	be aware of? If yes, please list.	
Do you have health insurance? Yes  If yes, please provide the following information:	No	
Provider:	Policy No	Telephone No.



# **Project STRIDE**



## (Students Training in Research Involving Disparity Elimination)

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 90059					
Required Documents					

- Official Sealed Transcript (sent directly from school)
  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 <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: