



Project STRIDE II
(Students Training in Research Involving Disparity Elimination)



**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 Security No. _____

Mailing Address: _____ City: _____ State: _____ 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: _____ Total GPA: _____ Science GPA: _____

What Science Courses have you taken or are currently taking? Please list:

In Case of Emergency Please Notify

Name _____ Telephone No. _____ Relationship _____

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? Yes No

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? Yes No

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? Yes _____ No _____

If yes, please provide the following information:

Provider: _____ Policy No. _____ Telephone No. _____

