



Project STRIDE

(Students Training in Research Involving Disparity Elimination)



APPLICATION FOR 2020
Project STRIDE PROGRAM June 8 - August 10, 2020

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 Name _____ Middle Initial _____ Social Security No. _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell No.: _____ FAX No.: _____

Date of Birth: _____ Place of Birth: _____

Sex: F _____ M _____ Height: _____ Weight: _____ E-mail: _____

High School Currently Attending: _____ Current Grade Level: _____

School Address: _____ Total GPA: _____ Science GPA: _____

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

Guidance/Academic Counselor Name _____ Telephone No. _____	In Case of Emergency Please Notify Name _____ Telephone No. _____
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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	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>	Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>



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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? If yes, please provide the following information:

Provider: _____ Policy No. _____ Telephone No. _____

How did you learn about this program?
