



**2023 Project STRIDE II**  
 Undergraduate Clinical Research Training  
 (Students Training in Research Involving Disparity Elimination)

**APPLICATION FOR 2023 Project STRIDE II PROGRAM**  
**June 12 - August 18, 2023**

**Instructions:** Please complete the entire application. Save it, print a hard copy, sign it and scan and email the document to me after you have completed it. We will need your transcript and two (2) letters of recommendation should also be emailed to the email addresses provided on this application.

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Soc. Sec.# (last 4 digits) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender \_\_\_\_\_

University Currently Attending: \_\_\_\_\_ Current Classification: \_\_\_\_\_

School Address: \_\_\_\_\_ Total GPA: \_\_\_\_\_ Science GPA: \_\_\_\_\_

Are you the first in your family to attend college? Yes \_\_\_No\_\_\_ Did your parents attend college? Yes \_\_\_No\_\_\_

What Science Courses have you taken or are you 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 with dates of involvement (include school, community, health and/or church related):

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List all Employment Information with Supervisor's name and dates of employment.

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What are your hobbies and interest outside of school?

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What other summer programs are you applying to?

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What are your long-term education and career objectives?

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Describe all research projects you have done, the dates, and the name of your mentor.

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Do you have health insurance? Yes \_\_\_ No\_\_\_ Insurance Name & ID# \_\_\_\_\_

Essay Question

**Please limit your answer to 500 words.**

What are your expectations of the Project STRIDE II Clinical Research Program and what do you hope to gain from your participation in the program? How will it help you achieve your academic and career objectives?

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**Fill out the application electronically, save and print the copy; sign the original, scan and email copies of the required materials to: [projectstride@cdrewu.edu](mailto:projectstride@cdrewu.edu)**

**Required Document**

- 1. Official Transcript (sent directly from school)
- 2. Two Letters of Recommendation - One letter must be from Faculty Member
- 3. Personal Statement- 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 [Projectstride@cdrewu.edu](mailto:Projectstride@cdrewu.edu)**

I certify that all 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.*