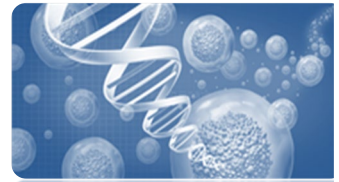




ExStRM Program

(Exposing Studs to Regenerative Medicine)



APPLICATION FOR 2023 ExStRM PROGRAM
June 13 - August 15, 2023

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

Last Name _____ First Name _____ Middle Initial _____ Soc. Sec. # (Last 4 digits) _____

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

Telephone No.: _____ Cell No: _____

Date of Birth: _____ Place of Birth: _____

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

High School Currently Attending: _____ Current Classification: _____

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

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

Do you have any prior knowledge of regenerative medicine including stem cells or gene therapy? Yes _____ No _____

If yes, please share your knowledge of this topic. _____

Will you be a first-generation college student? Yes _____ No _____

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: _____

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 scientific 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. _____

Essay: Please type an essay of 450-550 words on: **Why would you like to be involved in this program?**

Fill out the application electronically, save and print the copy; sign the original, scan and email copies of the required materials to:

ExStRM@cdrewu.edu

Required Document

- 1. Official Transcript (emailed directly from school)
- 2. Two Recommendations on attached form - 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 Mr. Brian Bailey at ExStRM@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 California Institute of Regenerative Medicine to Charles R. Drew University of Medicine and Science.