



Undergraduate Clinical Research Training (Students Training in Research Involving Disparity Elimination)

APPLICATION FOR 2021 Project STRIDE II PROGRAM June 7 - August 13, 2021

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 Attend | ding: | Current Classification: | | | |
| School Address: | | Total GPA: | Science GPA: | | |
| What Science Courses have In Case of Emergency Plea | | you currently taking? Pleas | se list: | | |
| NameTelepho | | one No | Relationship | | |
| Father's Name: | | Occupation: | | | |
| Mother's Name: | | Occupation: | | | |
| Name of Legal Guardian: _ | | Occupation: | | | |
| No. of Brothers: | | Ages: | | | |
| No. of Sisters: | | Ages: | | | |

| nd/or church related): | |
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| List all Employment Information with Supervisor's name and dates of employ | ment. |
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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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| Essay Question Please limit your answer to 500 words. What are your expectations of the Project STRIDE II Clinical Research Program and what | |
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| you hope to gain from your participation in the program? How will it help you achieve yo academic and career objectives? | ur |
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| Fill out the application electronically, save and print the copy; sign the original, scan a email copies of the required materials to: projectstride@cdrewu.edu | and |
| Required Document | |
| Transcript Two Letters of Recommendation - One letter must be from Faculty Member Personal Statement- no more than 550 words. | |
| All documents must be received no later than April 15th | |
| If you have any questions, please feel free to e-mail Mrs. Shinece Douglas at Shinecedouglas@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: ______

e:______ Date: _____ This program is supported by a grant from the Doris Duke Charitable Foundation

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