



# Project STRIDE

(Students Training in Research Involving Disparity Elimination)



**APPLICATION FOR 2022**  
**Project STRIDE PROGRAM June 13 - August 10, 2022**

**Instructions:** Please complete the entire application. Save it, scan the document and print a hard copy after you have completed it. Email the signed and dated copy of the application. Your official sealed transcript and two (2) letters of recommendation should also be emailed to the address provided on this application.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security No.(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 Grade Level: \_\_\_\_\_

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

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

Guidance/Academic Counselor	In Case of Emergency Please Notify
Name _____	Name _____
Telephone No. _____	Telephone No. _____

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Income: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Income: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_ Income: \_\_\_\_\_

No. of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

No. of Sisters: L \_\_\_\_\_ Ages: \_\_\_\_\_



# Project STRIDE

(Students Training in Research Involving Disparity Elimination)



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?

---

---

---

