# Project STRIDE

**(Students Training in Research Involving Disparity Elimination)**

**APPLICATION FOR 2021 Project STRIDE PROGRAM**
**June 7 - August 6, 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 official transcript and two (2) letters of recommendation should also be emailed to the email addresses provided on this application.

Last Name________________ First Name____________ Middle Initial_______ Social Security No.___________

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: _________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

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 (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? Yes _________ No ________

If yes, please provide the following information:

Provider:______________________Policy No.__________________Telephone No.____________________

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

**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

**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 April 15th**

**If you have any questions, please feel free to e-mail Mrs. Shinece Douglas at [Shinecedouglas@cdrewu.edu](mailto: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:________________

*This program is supported by a grant from the Doris Duke Charitable Foundation to Charles R. Drew University of Medicine and Science.*