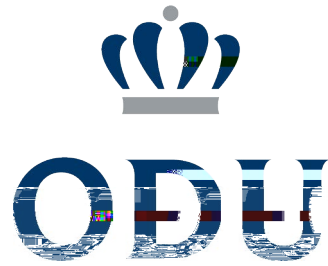




## APPLICATION INSTRUCTIONS

1. Please read directions carefully.
- 2.



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**TRAINEE APPLICATION**  
 Please type or print neatly

v {

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 2018 Student ID Number \_\_\_\_\_ Male  Female  2 Week Hold Date of Birth \_\_\_\_\_  
 Campus Address \_\_\_\_\_  
 Campus Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 Permanent Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Year of Graduation	Name	D Q Address	City of High School	Count U \

2018 Graduation Date \_\_\_\_ / \_\_\_\_ mm/yy SAT \$ & 7 Scores Highest Verbal \_\_\_\_ Highest Math \_\_\_\_

List all SAT \$ & 7 exam dates \_\_\_\_\_

List all colleges and universities attended:

College/University	Major	CumGPA	GPA in Major

Are you currently enrolled at 2018? Yes      No

If No, have you submitted a 2018 Admission application? Yes      No

Do you have 2018 campus housing secured for Fall 2015? Yes      No

Are you eligible for a Pell Grant? Yes      No

Are you the first member of your family to attend college? Yes      1 R

Do you have a disability? Yes      1 R

If yes, give a brief description (e.g., vision, hearing, etc.)

\$ Q V Z H U

Racial Background: (check one or more)

- |   |                           |
|---|---------------------------|
| American Indian or Alaskan Native         | Black or African American |
| Native Hawaiian or other Pacific Islander | White                     |
| Asian                                     | Asian/Indian              |
| Other: _____                              |                           |

Are you Hispanic (or Latino)? Yes      No

## Citizenship Information

- a. Are you a citizen of the United States of America? Yes No  
(A photographic copy of your birth certificate or passport with a state-issued photo identification card is required with this application.)
- b. If you are not a U.S. Citizen, are you a Permanent Resident with a Permanent Residency card?  
Yes No Photographic copies of both sides of your card are required.
- c. I believe that I am a U.S. Citizen or Permanent Resident of the United States but I cannot provide the required documentation. Yes No  
This situation (c) will require additional investigation. You must provide a written explanation of your U.S. Citizenship Status and permission from you, the student and your guardian if applicable, and any legal counsel for 2'8 to look into your status. Please note that there are a limited number of appointments available to the 8 5, 6 ( Program at 2'8 and any delay in improving your citizenship status may negatively impact your acceptance into the 8 5, 6 ( at 2'8. Therefore, 2'8 and its staff take no responsibility for the loss of any student's potential program support because of related delays.



STATEMENT OF EDUCATIONAL GOALS AND RESEARCH INTERESTS

Date \_\_\_\_\_ 2018 Student ID Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

PLEASE TYPE YOUR ESSAY

Please write a brief statement (1) describing your educational goals and (2) reasons and motivation for pursuing these goals. ~~30 HDVH FRPSOHWH XSHGRVSDRH WKH RDZORW~~

7KH LQIRUPDWLRQ SURYLGHG KHUH LV DFFXUDWH WR  
6LJQDWXUH RI WKH DSSOLFDEQW 'DWH

85,6( 8QGHIJUDGXDWL 6WXGHQW 7UDLQLQJ LQ \$FDGH  
2018 RPLQBRQYHUVLW\

/(77(56 2) RECOMMENDATION  
(Please note Two OHWR Recommendations UHTXLUH G)

To be completed by a professor research mentor URP WKH & ROOHJHV RI (QJLQHHL  
6FLHQWIFH can give insight to the potential success of the applicant in pursuit of HLWPHD RU D  
3K ' 0 ' GHJUHH RU D ELRPHHNLFOJOU3KHVHDGJFKUFIUHHU

3OHBVHDROWHFRPPHQRDWRORQROGHWHF&W5,6SURJIDWPPDLO  
DKROGHU#RGX HGX

Applicant's Name: BBB

How do you know the applicant?

Please describe the characteristics which make this student an outstanding candidate for 2'8 \8 5, 6 ( Program - a program dedicated to the preparation of underrepresented undergraduates for Ph.D. programs and research careers in the Biomedical Sciences. (3OHWRH the evaluation on your stationery.)

Application Deadline: 0 R Q G ODU F K 3, 20 5 S P (67

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

THANK YOU FOR YOUR SUPPORT OF THE 8 5, 6 ( PROGRAM Institution: AT



