## SDSU.gifUC SAN DIEGO MOORES CANCER CENTER and SAN DIEGO STATE UNIVERSITY’S

## 

## SCIENCE ENRICHMENT EDUCATION PROGRAM APPLICATION FORM

## Directors: Georgia Robins Sadler, MBA, Ph.D. & Vanessa Malcarne, Ph.D.

**For guaranteed consideration, your application must be received by the deadline stated on the website. This can be via email. Applications received later will be reviewed if there are still openings or added to the waitlist if there are no openings.**

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| **TODAY’S DATE:** | **\_\_\_\_\_ / \_\_\_\_ /\_\_\_\_\_** Month/Day/Year | |  |  | | --- | --- | |  |  | | | | | | | | |
| **NAME:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Last MI First | | | | | **DOB:** | **\_\_\_\_ / \_\_\_\_ /\_\_\_\_**  Month/Day/Year |
|  |
| **ETHNICITY:**  (check one) | \_\_1. Hispanic or Latino (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **SEX** | \_\_\_1. Male  \_\_\_2. Female  \_\_\_3. \_\_\_\_\_\_\_\_\_ |
| \_\_2. Not Hispanic or Latino | | | | |
| **RACE:** | \_\_1. Native American or Alaska Native | | | | |
| (check all applicable) | \_\_2. Asian (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  |  |  |
|  | \_\_3. Black or African American | | |  | |  |  |
|  | \_\_4. Native Hawaiian or Other Pacific Islander (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | \_\_5. White | | | | |  |  |
| **Eligibility Requirements:**  All applicants must be a U.S. citizen or legal resident of the U.S.  Eligible applicants must meet **at least one** of the following criteria (check all that apply):  **\_\_\_1)** be a student from an underrepresented community (African American, Native American /Alaska Native, Hispanic American, or Native Hawaiian/Pacific Islander);  **\_\_\_2)** be from a socioeconomically disadvantaged/low-income background (e.g., participated in the National School Lunch Program); and/or  **\_\_\_3)** have neither of your parents/guardians holds a degree from a four-year U.S. college or university.  **Creating Scientists to Address Cancer Disparities Program (CSP):** This program supports students who have a declared interest in the biomedical or behavioral sciences and have accepted the invitation to transfer to (please select one below):  University of California, San Diego  San Diego State University  Will you be at least 18 years old by the first day of the program? \_\_\_Yes \_\_\_No. If no, you are still eligible. We just need to also get your parent’s/guardian’s consent for your participation in the program. | | | | | | | |
| **CURRENT MAILING ADDRESS:**  Address:    Cell phone #:( ) -  Alternate #: ( ) -  E-mail address 1:  E-mail address 2: | | | **PARENT/GUARDIAN Contact Information:**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:    Cell phone #:( ) -  Alternate #: ( ) -  E-mail address: | | | | |
| For all of your **parents or guardians** (up to four), please complete the following educational questions:  Did parent or guardian #1 graduate from a four-year U.S. college? (circle one) No or Yes  If yes, which college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did parent or guardian #2 graduate from a four-year U.S. college? (circle one) No or Yes  If yes, which college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did parent or guardian #3 graduate from a four-year U.S. college? (circle one) No or Yes  If yes, which college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did parent or guardian #4 graduate from a four-year U.S. college? (circle one) No or Yes  If yes, which college? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **SCHOOL:**  School attended last Spring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School attending this Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What will be your class standing be this Fall (please circle):  a. Junior b. Senior c. Other (specify):  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Anticipated major in college or university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Current GPA: \_\_\_\_\_\_\_\_\_ Number of college units completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Expected college graduation date: a) Associate’s degree: \_\_\_\_\_\_\_\_\_\_\_\_ b) Bachelor’s degree: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

**PLEASE ANSWER THE FOLLOWING QUESTIONS.**

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| 1. List four of the career track options you are considering. Rank them in order of interest, i.e., #1 being the career you would *most realistically* see yourself pursuing.  1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 2. Rank the top four science fields of greatest interest to you (in order of interest, #1 being the *highest* level). | | | | | | |
| \_\_\_\_ 1. Behavioral Science  \_\_\_\_ 2. Biochemistry  \_\_\_\_ 3. Bioengineering  \_\_\_\_ 4. Cancer Biology  \_\_\_\_ 5. Cell & Molecular Biology  \_\_\_\_ 6. Chemistry | \_\_\_\_ 7. Dentistry  \_\_\_\_ 8. Epidemiology  \_\_\_\_ 9. Medicine  \_\_\_\_ 10. Microbiology & Immunology  \_\_\_\_ 11. Neurosciences  \_\_\_\_ 12. Nursing | | | \_\_\_\_ 13. Pharmacology  \_\_\_\_ 14. Psychology  \_\_\_\_ 15. Public Health  \_\_\_\_ 16. Veterinary Medicine  \_\_\_\_ 17. Other (please specify): | | |
| 3. List any prior research experience you have had at UC San Diego, SDSU, a community college, industry, or another institution (not including lab classes). | | | | | | |
| Name of laboratory/supervisor | Institution | | Start date  (mm/yy) | | End date  (mm/yy) | Total  hours |
|  |  | |  | |  |  |
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| 4. List any awards, honors, recognitions, or scholarships you have received. | | | | | | |
| Complete title of award, honor,  recognition, or scholarship | | Awarding institution | | | Date awarded  (mm/yy) | Amount  (if any) |
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| 5. List your employment history. | | | | | | |
| Position | Employer | | Start date  (mm/yy) | | End date  (mm/yy) | Avg hours per week |
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| 6. List your community activities. | | | | |
| Activity name | Institution/event | Start date  (mm/yy) | End date  (mm/yy) | Total  hours |
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1. Do you plan to apply to graduate school? (circle one)
2. Yes
3. No
4. Undecided

8. Do you plan to attend medical school or another health care program? (circle one)

1. Yes
2. No
3. What do you hope to study in graduate school? (You can list more than one option)

**ADDITIONAL REQUIREMENTS**

1. **Personal statement:** In approximately three double-spaced pages with half-inch margins and 12-point font, describe the academic pathway that brought you where you are now, your long-term professional goals, and any challenges you have experienced that have impacted your academic development and how you resolved such hardships. Also, tell us about your interest in studying cancer disparities and how that fits in with your educational and career goals.  ***Include this personal statement with your application.***

2. Your application (sent via email only) **must be received** **by midnight of the deadline**.

**Email an electronic copy of the application to:**

[summerscienceprogram@ucsd.edu](https://acs-webmail.ucsd.edu/squirrelmail/src/compose.php?send_to=summerscienceprogram%40ucsd.edu)

**In the subject line, please write: “FIRST and LAST NAME Application”**

**If you have any questions, please contact Dr. Georgia Robins Sadler via text at on her work cellphone (858) 228-0567, or email at:** [summerscienceprogram@ucsd.edu](mailto:summerscienceprogram@ucsd.edu)