



DIVERSITY SUMMER HEALTH-related EDUCATION RESEARCH PROGRAM
May 24, 2010 – August 3, 2010

APPLICATION DEADLINE: Extended: March 1, 2010

DATE: _____

Last Name: _____ **First Name:** _____ **Middle:** _____

College Mailing Address: _____

City, State, Zip: _____

Phone Number: _____ **E-mail Address:** _____

Social Security Number: _____

Age: _____ **Birth Date:** _____ **Male:** ___ **Female:** ___

Permanent Mailing Address: _____

City, State, Zip: _____

Permanent Phone Number: _____

Emergency Contact Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____ **Work Phone:** _____

Multicultural Group: (Check One) African American Native American
 Mexican American Mainland Puerto Rican Pacific Islander
 Alaskan Native Other Hispanic

U.S. Citizen: Yes No

Permanent Resident: Yes No

Name of Institution: _____

Current Classification: _____

Graduation Year: _____

College: Sophomore Junior Senior

Education Record

High School:

Name: _____

Address: _____

Dates attended: _____ Date of Graduation: _____ GPA: _____

Undergraduate Institution:

Name: _____

Address: _____

Dates Attended: _____ Date of Graduation: _____ GPA: _____

Major/Minor: _____ Degree _____
(if applicable)

Please answer the following questions. Use additional paper as necessary.

1. Why do you wish to participate in this program?

2. If you have participated in research-related activities, please describe them.

3. What are your scientific research interests?

4. What are your career goals?

Please answer the following questions – (Continue). Use additional paper as necessary.

5. Do you believe that you are disadvantaged? If yes, please explain?

6. Are you the first in your family to attend college?

7. Is English your primary language?

8. Have you overcome a physical disability? If yes, please explain:

Research Project Information:

Please rank in order from 1-4 your areas of interest, with “1” as your highest interest area and “4” as your lowest interest area:

Cardiovascular

Pulmonary

Hematological

Sleep Disorders

Researchers will receive a Salary of \$10.00/hour based on a 40 hour work week for the summer. Travel expenses to and from Milwaukee are available to student researchers who do not reside within Wisconsin. Fellowships are not intended to provide financial support for required or elective courses.

Please send the completed application and requested material to:

**Trenace Cole
Program Coordinator III
Office of Student Affairs/Diversity
Medical College of Wisconsin
8701 Watertown Plank Road
Milwaukee, WI 53226**

Under separate cover, two letters of recommendation and transcripts should be sent to the above address. All information (application, recommendation letters and transcripts) are to be received no later than February 1, 2010, at the above address.

I certify that all of the information contained in this application is accurate and complete.

Signature: _____

Date: _____

E-mail Address: _____