2019 CHORI Summer Student Research Program Application

This application will not be processed before all of the following documents have been received:

☑ CHORI Summer Program Application
☑ School transcript (unofficial copy is acceptable)
☑ Student Essay (500 word limit)
☑ Resume (2 page limit)
☐ 2 Letters of reference (sent separately – see instructions)

Application Deadlines:

High school applicants: February 8th
Undergraduate applicants: February 22nd

Please note, if you contact the SSRP office about your application, office hours are M-F, 9-5pm
2019 CHORI Summer Student Research Program Application

Name: ____________________________________________________________________________________________

Last  First  Middle Initial

Date of Birth: ___________________________ Social Security Number ________________________________

Permanent Home Address: ________________________________________________________________

City  State  Zip

School Address (if different from above): _______________________________________________________

City  State  Zip

Home Phone Number: (_____) ___________________  Students Cell Number: (_____) ___________________

E-mail address (primary/personal): _______________________________________________________________

(Please confirm your E-mail address you will be contacted about your selection via E-mail)

E-mail address (secondary/if available): _________________________________________________________

Gender:  □ Male  □ Female  □ Other / Prefer not to Disclose

Current school name, City, State: __________________________________________________________________________

I am applying for the:  □ High school student stipend program (details see FAQ)

 □ Undergraduate student stipend program

 □ Volunteer program

I am interested in:  □ Basic Science Research  □ Clinical Research  □ No Preference

Unweighted grade-point-average _______ Languages spoken: __________________________________________

Please indicate what your school status will be in March of 2019 (check one)

□ High school Junior  □ High school Senior

□ Undergraduate Student  □ Other _______________(please specify)

Year of graduation from current high school/college: __________________________(Expected: Month/Year)
Have you volunteered or participated in a Children’s Hospital Oakland program or CHORI summer program previously?

☐ Yes   ☐ No   Specify program & year: __________________________________________________________

**Racial or Ethnic Group**

☐ African-American/Black  ☐ Asian
☐ Hispanic/Latino    ☐ Caucasian
☐ Native American  ☐ Middle Eastern
☐ Pacific Islander/Native Hawaiian  ☐ Indian
☐ Other ___________________________ (Please specify)
☐ Mixed race ______________________________ (Please specify)

☐ Do not wish to disclose (please note, by checking this box you may not be considered eligible for the stipend program)

Please provide your SAT and/or ACT scores (if taken)

<table>
<thead>
<tr>
<th>SAT</th>
<th>ACT</th>
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<tbody>
<tr>
<td>Math: _________ (out of 800)</td>
<td>English: _________</td>
</tr>
<tr>
<td>Reading/Verbal: _________ (out of 800)</td>
<td>Math: _________</td>
</tr>
<tr>
<td></td>
<td>Reading: _________</td>
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<tr>
<td></td>
<td>Science: _________</td>
</tr>
<tr>
<td>Total: _________ (out of 1600)</td>
<td>Total: _________ (out of 36)</td>
</tr>
</tbody>
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Please provide the course name or course number you are currently taking or have completed in the following areas:

☐ Biology _______________________________  ☐ Chemistry _______________________________
☐ Physics _______________________________  ☐ Math: _______________________________
☐ Lab Classes __________________________________________
☐ Other Science Courses ________________________________

**Individuals with disabilities**

☐ Defined as those with a physical or mental impairment and/or those with chronic illness that substantially limits one or more major life activities. (Please specify):

________________________________________________________________________________________

**Disadvantaged background**

☐ Family with an annual income below established low-income thresholds.  
   (Documentation will be required, see FAQ)

☐ Yes   ☐ No   Are you, or will you be, the FIRST one in your family to go to college  
   (Documentation may be required)
Do you have medical health insurance, either individual, or as part of a family plan?  
☐ Yes  ☐ No  (Documentation will be requested upon entry to the program)

Highest degree of parent’s education:  
☐ Grade school  ☐ High school  ☐ Some college  ☐ Undergraduate education or higher

How did you hear about the CHORI Summer Student Research Program?  
☐ School Counselor  ☐ CHORI Staff  
☐ Teacher  ☐ Website  
☐ Friend  ☐ Job fair / career fair at school  
☐ Relative  ☐ Other, please specify__________________

Letters of Recommendation:  

Please see instructions for “Program Reference Letter Criteria” as a downloadable document at www.chori.org/ssrp/apply.  

List the names and email addresses of the two individuals who will be submitting your letters. Please note that these individuals will NOT be sent an E-mail link to upload their reference letters. It is your responsibility to confirm they have been sent electronically or by standard mail:  

1. ____________________  Email: ____________________________________________  
2. ____________________  Email: ____________________________________________

Be aware that the letters of recommendation must be received on the date the application is due. They may be emailed to: summerstudentprogram@chori.org  
Or mailed to: CHORI Summer Student Program, 5700 Martin Luther King Jr. Way, Oakland CA 94609  
If recommendation letters are received AFTER the due date, the application will not be considered for review.  

Agreement: By signing below, I certify that all of the information provided in this application is accurate and truthful to the best of my knowledge. I have read the program descriptions and curriculum outlined in the FAQ and I agree to the commitment if I am selected to participate in this program.

________________________________________________________________________________________
Signature

________________________________________________________________________________________
Date

________________________________________________________________________________________
Parental Signature (if applicant is a minor – under 18):

________________________________________________________________________________________
Date