



2021 CHORI Summer Student Research Program Application

Please note due to ongoing social distancing practices, clinic and lab participation may be limited for the 2021 cohort. Students will be notified upon acceptance of program specifics.

In order for your application to be reviewed, all the following documents are required:

- CHORI Summer Student Research Program Application
- Unofficial School Transcript (must be legible)
- Resume
- Personal Essay (500-word limit)
- 2 Letters of reference (sent separately – see instructions)

Application Deadlines:

High school applicants:	February 5 th
Undergraduate applicants:	February 19 st

***For questions regarding the application please refer to our FAQ or
E-mail: srrp@ucsf.edu***

2021 CHORI Summer Student Research Program Application

Name: _____
Last First Middle Initial

Date of Birth: _____ Social Security Number _____

Permanent Home Address: _____

City State Zip

Current 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 Trans Male/Trans Man
 Female Trans Female/Trans Woman
 Genderqueer / Gender non-binary
 Not Listed (please describe): _____
 Prefer not to answer

I am a U.S. Citizen or Permanent U.S. Resident (Permanent Residence Card holder):

Yes No. *(Some of our program funding requires US citizenship)*

Languages spoken: _____

I am applying for the: High school student stipend program
 Undergraduate student stipend program
 Volunteer program

I am interested in: Basic/Laboratory Research Clinical Research No Preference

Research Faculty Mentor Preference(s): 1. _____ 2. _____ 3. _____

No Faculty Preference

(see FAQ for explanation and website for downloadable .pdf of faculty biographies)

Unweighted grade-point-average: _____

Current school name, (City, State): _____

Please indicate what your school status will be in March of 2021 (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 UCSF BCH-Oakland program or CHORI summer program previously?

- Yes No

Specify program & year: _____

Racial or Ethnic Group

- | | | | |
|--------------------------|---|--------------------------|------------------|
| <input type="checkbox"/> | African-American/Black | <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | Hispanic/Latino | <input type="checkbox"/> | Caucasian |
| <input type="checkbox"/> | Native American | <input type="checkbox"/> | Middle Eastern |
| <input type="checkbox"/> | Pacific Islander/Native Hawaiian | <input type="checkbox"/> | Indian |
| <input type="checkbox"/> | Other _____ | | (Please specify) |
| <input type="checkbox"/> | Mixed race _____ | | (Please specify) |
| <input type="checkbox"/> | Do not wish to disclose (<i>please note, by checking this box your eligibility will be difficult to determine for some of the funding programs</i>) | | |

Individuals with disabilities

Do you have a physical or mental impairment and/or chronic illness that substantially limits one or more major life activities? (Please specify): _____

Yes No Are you, or will you be, the **FIRST** one in your family to go to college?

What is the highest degree of your **parent's education**:

- Grade School
 High School
 Some college
 Undergraduate education or higher

Disadvantaged background (please check any that apply, documentation may be required)

- Yes No Does your family have an annual income below established low-income thresholds?
 Yes No Do you receive free or reduced lunch?
 Yes No Do you receive FAFSA student aid?
 Yes No Are you homeless?
 Yes No Have you lived in Foster Care?
 Yes No Have you grown up in a rural area (see FAQ for details)

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)

How did you hear about the CHORI Summer Student Research Program?

- | | |
|---|---|
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> CHORI Staff |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Website |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Job fair / career fair at school |
| <input type="checkbox"/> Relative | <input type="checkbox"/> 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 email 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 or before the date the application is due.

They may be emailed to: ssrp@ucsf.edu

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 _____