2020 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 7\(^{th}\)
- Undergraduate applicants: February 21\(^{st}\)

*Please note, if you contact the SSRP office about your application, office hours are M-F: 9:00 am – 5:00 pm*
2020 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): ______________________________________________________

I identify my gender as:  

☐ 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 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 UCSF BCH-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 your eligibility for some of the funding programs will be difficult to determine)

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

<table>
<thead>
<tr>
<th>SAT</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math:</td>
<td>(out of 800)</td>
</tr>
<tr>
<td>Reading/Verbal:</td>
<td>(out of 800)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td>(out of 1600)</td>
</tr>
</tbody>
</table>

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):

________________________________________

Disadvantaged background

☐ Yes ☐ No Does your family have 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

What is the highest degree of parent’s education:  ☐ Grade School
☐ High School
☐ Some college
☐ Undergraduate education or higher

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?
☐ 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 or before the date the application is due. They may be emailed to: ssrp@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