



BIOMEDICAL SCIENCE TRAINING AND ENRICHMENT PROGRAM FOR UNDERGRADUATE STUDENTS *BioSTEP*



Yale University School of Medicine
Office of Multicultural Affairs,
P.O. Box 208036
New Haven, CT 06520-8036
www.med.yale.edu/omca/biostep

BioSTEP APPLICATION

Name: Last Name First Name Middle Initial

Permanent Street Address:

Current Mailing Address:

Current Telephone: Home Telephone: Social Security #:

E-Mail Address: Birthdate/Birthplace:

Gender: Female Male Applicant must be a U.S. Citizen or Permanent Resident? Citizen Permanent Resident

Ethnic Identity (check most appropriate)

Hispanic Origin: Yes No

Ethnic self-identification:

African American/Black Caucasian
Native American Other (please specify)

Disadvantaged status: Do you consider yourself to be disadvantaged by socioeconomic, ethnic, racial or other factors related to educational advancement Yes No

If yes, please explain why

Are you currently a MARC student? Yes No

Have you participated in the Yale Summer Medical Education Program (SMEP/SMDEP)? Yes No

Educational Information

Name/Dates of High School(s) Attended: _____

Chronologically list all colleges/universities attended:

<u>College/University</u>	<u>Location</u>	<u>Dates Attended</u>	<u>Degree</u>	<u>Date of Graduation</u>

Current Status and year (Freshman, Sophomore, etc.): _____

Undergraduate Major _____ Current GPA _____ Science GPA _____

ACADEMIC RECORD

List all science courses taken and their corresponding grades.

<u>Course Name</u>	<u>Grade</u>	<u>Course Name</u>	<u>Grade</u>

List all extracurricular activities, honors, awards received (include dates) and offices held. Indicate approximate hours per week involved in activities where appropriate. If relevant, include employment history.

<u>Activity</u>	<u>Honors/Awards/Offices</u>	<u>Dates of Participation</u>

Describe your research experiences (prior research experience is encouraged but not required).

PERSONAL COMMENTS: Explain how your background has influenced your decision to pursue biomedical research training opportunities. Include a statement of your long-term career goals as related to education and research.

RESEARCH PREFERENCE: Indicate what areas of research you are most interested in.

CAREER GOAL: ___ M.D. ___ Ph.D. ___ M.D./Ph.D.

LETTERS OF REFERENCE: Provide names and addresses of two or more person submitting letters of recommendation:

PLEASE USE THIS SECTION FOR ADDITIONAL INFORMATION:

AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED WITH APPLICATION

Completed Application, Transcript(s), Two Letters of Recommendations Must be Received before February 1st.

Applicant _____

The above named individual is applying for a summer training position in biomedical research at the Yale University School of Medicine. Please comment on your relationship to the applicant, your knowledge of the applicant's abilities, and your opinion of his/her potential for a career in medicine or other area of biomedical science. You may return this form or write a letter of recommendation. Please address correspondence to: Office of Multicultural Affairs, Yale University School of Medicine, P.O. Box 208036, New Haven, CT 06520-8036. Phone: (203) 785-7545 Fax: (203) 737-5507 Website: www.med.yale.edu/omca/biostep

Please respond before February 1st.

Name _____ Position/Title _____

College/University _____ Date _____

Applicant _____

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