



**BIOMEDICAL SCIENCE TRAINING AND ENRICHMENT
PROGRAM FOR MINORITY STUDENTS - *BioSTEP 2002***



Yale University School of Medicine
Office of Multicultural Affairs
P.O. Box 208036
New Haven, CT 06520-8036

BioSTEP APPLICATION
(Print or type information)

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 U.S. Citizen/Permanent Resident? Yes No

Ethnic Identity (check most appropriate)

African American/Black Puerto Rican Mexican American
 Native American Other Hispanic Other, Please specify _____

Are you currently a MARC student? 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 _____

AN OFFICIAL TRANSCRIPT MUST BE SUBMITTED WITH APPLICATION

ACADEMIC RECORD

List all science courses taken and their corresponding grade.

Course Name

Grade

Course Name

Grade

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.

Activity

Honors/Awards/Offices

Dates of Participation

Describe your research experiences in detail (prior research experience is not required.)

CAREER GOALS: Explain how your background and interests qualify you for acceptance in a summer research training program. Include a statement of your long-term career goals. (Use back if additional space is needed.)

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:

Completed Application, Transcript(s) And Recommendations Must Be Received Before February 1st To Be Considered

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

Please respond before February 1st.

Name _____ **Position/Title** _____

College/University _____ **Date** _____

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

Please respond before February 1st.

Name _____ **Position/Title** _____

College/University _____ **Date** _____