2022 CHORI Summer Student Research Program Application

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

- Summer Student Research 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 Deadline:
All High school & Undergraduate applicants:

**February 25, 2022**

Questions about your application?
**SSRP office hours are M-F: 9:00 am – 5:00 pm**
2022 Summer Student Research Program Application

Name: ______________________________________________________________________________

Last                                                  First                                      Middle Initial

Date of Birth: ____________________________

Permanent Home Address: ______________________________________________________________________________________________________

City                      State                Zip

Current Address (if different from above): ______________________________________________________________________________________

City                      State                Zip

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

Email address (primary/personal): ______________________________________________________________________________________________________

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

Email address (secondary/if available): ______________________________________________________________________________________________________

I identify my gender as:  

[ ] Male  [ ] Trans Male/Trans Man
[ ] Female  [ ] Trans Female/Trans Woman
[ ] Genderqueer / Gender non-binary / Gender non-conforming
[ ] Other/different identity (please describe): ____________________________
[ ] Prefer not to answer

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

[ ] Yes  [ ] No

(US citizenship is not required by all program granting agencies, so undocumented students are welcome to apply)

I am applying for the:  

[ ] High school student stipend program
[ ] Undergraduate student stipend program
[ ] Volunteer program

I am interested in:  

[ ] Laboratory Research  [ ] Clinical Research
[ ] Community Health  [ ] No Preference

Type of Research Interested in: ______________________________________________________________________________________________________

(Though not required, if you have a particular area of research you are interested in, please list here. See FAQ for definitions of clinical vs. laboratory research. Note, these preferences will not affect your application acceptance.)
Languages spoken: __________________________________________________________

Unweighted grade-point-average: ______

Current school name, (City, State): ____________________________________________

Please indicate what your school status will be in March of 2022 (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 or BCH-Oakland program or in SSRP previously?

☐ Yes ☐ No Specify program & year: ____________________________

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 do you define your racial or ethnic group (check all that apply):

☐ 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)

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

(Please check any that apply, documentation may be required if selected to participate. See FAQ for more information)

☐ Yes ☐ No Does your family have an annual income below established low-income thresholds

☐ Yes ☐ No Were you eligible to receive free or reduced lunch for 2 or more years?

☐ Yes ☐ No Were you eligible or do you currently receive a Federal Pell Grant?

☐ Yes ☐ No Were you eligible to receive or do you currently receive support from WIC?

☐ Yes ☐ No Have you experienced homelessness?

☐ Yes ☐ No Were you or are you currently in the foster care system?

☐ Yes ☐ No Have you grown up in a US Rural area as designated by HRSA?
**Family Educational Background**

☑ Yes  ☐ No  Did your parents or legal guardians complete a college degree?

What is the 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  ☐ UCSF Staff  ☐ Teacher  ☐ Website  ☐ Friend  ☐ Job fair / career fair at school  ☐ Relative  ☐ Other, please specify__________________

**Letters of Recommendation:**

Please see instructions for “Reference Letter Instructions” as a downloadable document at summerstudents.ucsf.edu. 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:

1. ________________  Email: _________________________________

2. ________________  Email: _________________________________

*Be aware that the letters of recommendation must be received on or before the date the application is due. They should be emailed to: ssrp@ucsf.edu. 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