



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:

<input type="checkbox"/>	Male	<input type="checkbox"/>	Trans Male/Trans Man
<input type="checkbox"/>	Female	<input type="checkbox"/>	Trans Female/Trans Woman
<input type="checkbox"/>	Genderqueer / Gender non-binary / Gender non-conforming		
<input type="checkbox"/>	Other/different identity (please describe): _____		
<input type="checkbox"/>	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