UCSF Benioff Children's Hospital
Oakland

2023 Summer Student Research Program Application

This application will be processed only after all of the following documents have been received:

- Program application

- School transcript (unofficial copy is acceptable)

- Student essay (500 word limit)

- Student resume (2 page limit)

- 2 Letters of reference (sent separately – see instructions)

Application Deadline:
    Undergraduate Applicants Due: February 10, 2023
    High School Applications Due: February 17, 2023

Questions about your application?
SSRP office hours are M-F: 9:00 am – 5:00 pm

2023 Summer Student Research Program Application

Name: _____
            Last   First   Middle Initial

Date of Birth: _____   Pronouns: _____

Permanent Home Address: _____

_____
            City   State   Zip

Current Address (if different from above): _____

_____
            City   State   Zip

Emergency Contact Name: _____ Emergency Contact Number: _____

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

I am a U.S. Citizen or Permanent U.S. Resident (Permanent Residence Card holder):   [ ] Yes   [ ] No

I am applying for the:
- [ ] High school student stipend program
- [ ] Undergraduate student stipend program
- [ ] Volunteer, non-stipend program

I am interested in:
- [ ] Laboratory Research
- [ ] Public Health
- [ ] Clinical Research
- [ ] 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)

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 (Please specify): _____
☐ Hispanic/Latino   ☐ Middle Eastern
☐ Native American   ☐ Caucasian /White
☐ Pacific Islander/Native Hawaiian
☐ Other _____ (Please specify)
☐ Mixed race _____(Please specify)
☐ Do not wish to disclose *(Note: by checking this box your eligibility for some of the funding programs will be difficult to determine)*

Personal 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   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?
☐ Yes ☐ No   Do you have a physical or mental impairment and/or chronic illness that substantially limits one or more major life activities? If yes, please specify: _____

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 Summer Student Research Program?

☐   School Counselor   ☐   UCSF Staff
☐   Teacher   ☐   Website
☐   Friend   ☐   Job fair / career fair at school
☐   Relative   ☐   Other, please specify_____

Have you volunteered or participated in a UCSF or BCH-Oakland program or in SSRP previously?

☐ Yes ☐ No   Specify program & year: _____

Letters of Recommendation:

Please see instructions for "Reference Letter Instructions" at summerstudents.ucsf.edu. List the names and email addresses of the 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. Letters received after due date will not be considered.

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