



## 2024 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)
- Letters of reference (sent separately – see reference letter instructions)

**Application Deadline:**

Applications Due: Friday, February 16, 2024

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

# 2024 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:

<input type="checkbox"/>	Male	<input type="checkbox"/>	Trans Male
<input type="checkbox"/>	Female	<input type="checkbox"/>	Trans Female
<input type="checkbox"/>	Genderqueer or non-binary		
<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

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

I am interested in:  Laboratory Research  Clinical Research  
 Public 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 2024 (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?

- |   |   |
|---|---|
| <input type="checkbox"/> School Counselor | <input type="checkbox"/> UCSF Staff                       |
| <input type="checkbox"/> Teacher          | <input type="checkbox"/> Website                          |
| <input type="checkbox"/> Friend           | <input type="checkbox"/> Job fair / career fair at school |
| <input type="checkbox"/> Relative         | <input type="checkbox"/> 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](http://summerstudents.ucsf.edu). High school applicants are required to provide one recommender, undergraduate students are required to provide the names of two recommenders. 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. 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