



## **Summer Undergraduate Research Program on Health Disparities**

The Summer Undergraduate Research Program provides research opportunities to third and fourth year undergraduate Hispanic students. This 10-week summer research program aims to improve the quality of health care by providing students with practical knowledge of research studies and its importance in the medical field.

### **PLEASE USE THE CHECKLIST TO COMPLETE YOUR APPLICATION**

#### **Eligibility**

- ☐ Student must have sophomore or junior standing with a pre-medical educational goal at an accredited college/university.
- ☐ Be in good academic standing with a minimum 3.0 GPA (4.0 pt scale)
- ☐ Must make a commitment of ten weeks (Program dates: June 2, 2014 – August 8, 2014)
- ☐ Must attend program orientation, weekly research seminars, and complete exit interview
- ☐ U.S. Citizen or Permanent Resident
- ☐ Conversational Spanish

#### **Application Requirements**

- ☐ Complete all sections of the application (*Please type*)
- ☐ Provide a copy of official school transcripts
- ☐ Provide 1 letter of recommendation from a faculty member, instructor or advisor on letterhead, with attached recommender form.
- ☐ Complete both essays located at the end of the application. Submit as a separate document.
- ☐ Submit Resume or CV
- ☐ Formal interview by invitation only

**Deadline: Application must be received by (Monday, March 3, 2014)**

**Mail or personally deliver to:**

**Alicia J. Rodríguez**  
Director of Undergraduate Programming  
Hispanic Center of Excellence  
808 S. Wood Street 990 CME (MC591)  
Chicago, IL. 60612-7333  
[aliciarz@uic.edu](mailto:aliciarz@uic.edu)

**APPLICANT DATA**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_F\_\_\_\_M

Permanent Address (Home) \_\_\_\_\_

\_\_\_\_\_  
City State County Zip Code

Current Address (Academic Year) \_\_\_\_\_

\_\_\_\_\_  
City State County Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

U.S. Citizen Last 4 Digits of Social Security Number \_\_\_\_\_

Permanent Resident [Alien Visa Number] \_\_\_\_\_

**Race:**

\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ Asian  
\_\_\_\_ Black or African American  
\_\_\_\_ White not of Hispanic Origin  
\_\_\_\_ Native Hawaiian or Pacific Islander

**Ethnicity:**

\_\_\_\_ Cuban  
\_\_\_\_ Mexican American  
\_\_\_\_ Puerto Rican  
\_\_\_\_ Colombian  
Other Hispanic \_\_\_\_\_  
Please Specify

**Are you a veteran of the U.S. Armed Forces or on active duty?**

\_\_\_\_ Yes \_\_\_\_ No

FAMILY DATA	Living	Deceased	Occupation	State of Residence	Education (Level Completed)
Father's Name					
Mother's Name					
If married, Spouses Name					

### Additional Family Information

Year Sibling born - Sister (s) \_\_\_\_\_ Year Sibling born - Brother(s) \_\_\_\_\_

Child(ren) Age(s): \_\_\_\_\_

### FAMILY ANNUAL GROSS INCOME

Indicate below your family annual gross income.

_____ Less than \$10,000	_____ \$10,001-\$20,000	_____ \$20,001-\$30,000
_____ \$30,001-\$40,000	_____ \$40,001-\$50,000	_____ \$50,001-\$75,000
_____ \$75,001-\$100,000	_____ \$100,001-higher	

### COMMUNITY ENVIRONMENT

Please check the community size in which you have resided for the majority of your life.

_____ Rural (pop. <2,000)	_____ Small town (pop. <20,000)
_____ Small city (pop. <100,000)	_____ Medium urban/city (pop. 100,000-500,000)
_____ Suburb of medium city	_____ Large city/urban (pop. >500,000)
_____ Suburb of large city	

### WHAT NEIGHBORHOOD DO YOU RESIDE IN? (i.e. Pilsen, Little Village, Buck Town)?

\_\_\_\_\_

### EDUCATIONAL DATA

Month/Year

*Undergraduate Institution* \_\_\_\_\_ Dates attended \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Undergraduate status/classification: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Major \_\_\_\_\_ Date earned or expected \_\_\_\_\_

*Other Institutions attended* \_\_\_\_\_ Dates attended \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Major \_\_\_\_\_ Degree earned or expected \_\_\_\_\_

### Research Experience

Have you conducted any type of independent or supervised research?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

If yes, what semester(s) was the research conducted?

Semester(s)/Year(s) \_\_\_\_\_

**Please describe your research project?**

If yes, check the types of research you have conducted during your undergraduate career?

- ☐ Basic Science ("bench" research)
- ☐ Clinical Research
- ☐ Social Science/Humanities Research
- ☐ Other

Did your research lead to a paper or publication in which you were an author, co-author, or received an acknowledgement?

- ☐ Yes
- ☐ No

What admissions cycle do you plan to apply for medical school?

- ☐ 2015
- ☐ 2016
- ☐ 2017

How extensively do you plan to be involved in research during your medical career?

- ☐ Exclusively
- ☐ Significantly Involved
- ☐ Somewhat Involved
- ☐ Involved in a Limited Way
- ☐ Not Involved

**We would like you to answer the following essay questions as a separate document:**

**Statement of Purpose**

Please discuss your pre-medical career goals and describe how participating in the HCOE Summer Undergraduate Research Program will further your pursuit of a medical degree?

**Research Background**

What experiences, course work or skills do you have that would allow you to participate effectively in the HCOE Summer Undergraduate Research Program?

**List your areas of interest:**

## Faculty/Teacher/Advisor Recommendation Form

**\*\*\*\*Please submit form with letter of recommendation\*\*\*\***

### Applicant Information

Last name \_\_\_\_\_ Middle initial \_\_\_\_\_ First name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Faculty name (please print clearly) \_\_\_\_\_ Subject \_\_\_\_\_

### Use the following scale to rate the applicant:

**5=Excellent 4=Good 3= Average 2=Fair 1=Poor**

Circle appropriate response

Quality of completed assignments	5	4	3	2	1	NA
Ability to master concepts	5	4	3	2	1	NA
Class participation	5	4	3	2	1	NA
Willingness to learn	5	4	3	2	1	NA
Works well with others	5	4	3	2	1	NA
Campus Involvement	5	4	3	2	1	NA
Academic Integrity	5	4	3	2	1	NA
Maturity Level	5	4	3	2	1	NA
Assertiveness	5	4	3	2	1	NA
Attendance & Punctuality	5	4	3	2	1	NA
Articulate	5	4	3	2	1	NA
Takes initiative (self-motivator)	5	4	3	2	1	NA

Additional comments:

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\_\_\_\_\_ Highly recommend this applicant

\_\_\_\_\_ Recommend applicant with reservations

\_\_\_\_\_ Recommend applicant

\_\_\_\_\_ Not recommended

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**On a separate sheet please include your letter of recommendation on letterhead**