**APPLICATION FORM**

Instructions: Please send a digital file with a copy of this application to Ariel.McGuigan@uky.edu. Acceptable formats include .doc, .docx, or .pdf. **Please include your last name in each file name**.

**I. STUDENT INFORMATION**

Full name:

Date of Birth:

Home Address:

Phone Number:

Email address:

High School/current grade:

We are committed to increasing opportunities for groups of individuals who have traditionally been underrepresented in biomedical research. Do you belong to any of these groups?

 \_\_\_YES\_\_\_\_NO Racial or ethnic minorities (Blacks/African-American, Hispanic/Latino, American Indians, Alaska Natives, and Native Hawaiians or other Pacific Islanders)

 \_\_\_YES\_\_\_\_NO Individuals with disabilities (physical or mental impairments that substantially limits one or more major life activities), as defined in the Americans with Disabilities Act of 1990

 \_\_\_YES\_\_\_\_NO Individuals with disadvantaged backgrounds, defined as meeting two or more of these criteria: were or are currently homeless; were or are currently in the foster care system; were eligible for the Federal Free and Reduced Lunch program for 2 or more years; have no parents or legal guardians who have completed a bachelor’s degree; were or are currently eligible for Federal Pell grants; received support from the Special Supplemental Nutrition Program for Women, Infants and Children as a child; grew up in a Centers for Medicare and Medicaid Services-designated low-income area ([qualifying zip codes here](https://data.hrsa.gov/tools/shortage-area/hpsa-find)).

If selected, do you have a means of transportation to get to the UK campus each day? \_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_NO

Parking on the UK campus requires a special summer permit (~$100). Waivers may be available for students who demonstrate financial need. Will you be applying for the parking waiver? \_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_\_NO

**II. PARENT or GUARDIAN INFORMATION**:

Full name:

Home address (if different from above):

Email address:

Daytime phone: Evening phone:

*I have read the announcement concerning the summer fellowship, and I agree to allow my child,*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in this program if selected*.

**Signature of parent or guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**III. SCHOOL ACTIVITIES**

 Please list your most important high school sponsored clubs, teams, and extracurricular activities and indicate how long you have participated in each.

**IV. OTHER ACTIVITIES**

Please list any community-sponsored (outside of school) extracurricular activities including team sports, volunteer efforts, music instruction, hobbies, etc. and indicate the length of time involved for each.

**V. HONORS and AWARDS**

 Please list any leadership positions you hold or any special recognitions you have received.

**VI. PERSONAL STATEMENTS**

A) Are you interested in any particular area of science? What factors contributed to your interest in this area? What plans do you have for college or a future career path?

B) Why are you interested in this fellowship, and what do you hope to achieve by participating in the program?

C) Please describe a time that you faced adversity or a challenge and tell us what happened.