

APPLICATION FORM

Instructions: Please send a digital file with a copy of this application to MIMG.Fellowship@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](#)).

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.