

APPLICATION FORM
Initiative for Maximizing Student Diversity

NIH-IMSD Scholars Program at Indiana University

Consult the IMSD website (<http://www.indiana.edu/~imsd>) and associated documents for details on the program and please fill out all sections of the application. Information on this form will be used to evaluate candidates and match them with an appropriate faculty research mentor.

Applications should be submitted by February 2, 2010 to the IMSD Program for full consideration (early applications are encouraged).

An academic transcript and THREE letters of recommendation MUST be sent with the application.

1. Applicant Information

Name (Last, First, Middle Init.): _____

IU Campus ID No.: _____

Citizenship: _____
(US Citizens and permanent residents only)

Date of Birth: ____ / ____ / ____

Gender: ____ Female ____ Male

Permanent Address (of Parent or Legal Guardian):

Name of Primary Guardian: _____ Relationship: _____

Secondary Guardian: _____ Relationship: _____

Street Address (Primary Guardian): _____

City: _____ State: _____ Zip Code _____

Telephone (+ Area code): _____

Current Address (if different from above):

Spouse Name (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Telephone (+ Area code): _____ Cell Phone (+ Area code): _____

E-mail Address: _____ Alternate E-mail: _____

Minority Status (check all that apply):

_____ American Indian

_____ Alaskan Native

Provide tribal affiliation for Amer. Indian/Alaskan: _____

_____ African American

_____ Hispanic or Latino

_____ Pacific Islander (Hawaiian, Polynesian, etc.)

_____ Puerto Rican

_____ Other (Provide details: _____)

Has anyone in your immediate family ever graduated from college? (Yes or No) _____

II. Educational Information (do not leave any blanks):

Major(s): _____

GPA in Major: _____

Minor(s): _____

Overall GPA: _____

College Class: _____ Freshman

_____ credit hrs earned

_____ Sophomore

_____ credit hrs earned

_____ Junior

_____ credit hrs earned

Projected graduation date: ____/____ (Mo/Yr)

SAT or ACT scores: _____

Have you applied for IMSD Before? Yes/No

If so, what year? _____

Contact Information for Reference Letters:

1. Name: _____

Tel. No. (+ Area Code): _____

Address and Institutional Affiliation: _____

E-mail Address: _____

2. Name: _____

Tel. No. (+ Area Code): _____

Address and Institutional Affiliation: _____

E-mail Address: _____

3. Name: _____

Tel. No. (+ Area Code): _____

Address and Institutional Affiliation: _____

E-mail Address: _____

Academic Advisor:

Name _____

Dept. and Campus Address: _____

Tel. No. (+ Area Code): _____ E-mail Address: _____

Do you plan to attend graduate school? (Yes or No) _____

Area(s) of interest for graduate study: _____

Have you ever heard of an MD/PhD degree: (Yes or No) _____

Please rank your post-undergraduate plans in order of preference (from 1-5):

_____ Obtain PhD

_____ Get a job in industry

_____ Get an MD

_____ Get a Masters Degree

_____ Get an MD/PhD Degree

Were you aware that you do not have to get a Masters Degree prior to obtaining a PhD?
(Yes or No) _____

What do you believe would be your biggest obstacle to getting a graduate degree?

Academic and extracurricular awards, honors and scholarships (if any, list by year):

Membership or participation in academic/campus organizations and activities (if any, list by year):
