

APPLICATION FOR THE SDSU/UCSD CANCER CENTER COMPREHENSIVE PARTNERSHIP SCHOLARS PROGRAM

Funded by the National Cancer Institute at the National Institutes of Health

Application Instructions

Please Read and Comply With All Instructions Carefully

You Must Submit A COMPLETE Application Packet, which MUST Include ALL of the following:

- 1) **Cancer Research Partnership Scholars Program Application** form obtained at <http://sci.sdsu.edu/cccp>. Once the form is filled out, save it in PDF format and email the file along with your other materials as indicated below.
- 2) **Personal Statement** describing a) your personal and family background, b) your research interests/experiences, c) future professional goals and d) how these make you a good fit for our program. Limit to one (1) page.
- 3) **Transcript(s)**: A copy of your unofficial transcript from the SDSU WebPortal or UCSD TritonLink AND Official Transcripts from all other colleges attended.
- 4) **Financial Aid Records**: Obtain a copy of your current year Award Statement, if applicable, from www.sa.sdsu.edu/fao/index.html (SDSU) or <https://students.ucsd.edu/my-tritonlink/tools/> (UCSD)
- 5) **Letters of Recommendation**: TWO confidential letters/reference forms, at least one of which is from a faculty member within your major who can address your intellectual and personal suitability for this program. If you have previously participated in a research program, a letter from your supervisor would be very helpful.

It is your responsibility to advise our office of any change in mailing address, telephone numbers or e-mail addresses.

Email attachments of the completed application, personal statement, unofficial SDSU or UCSD transcript, and financial aid summary. Letters of recommendation and official transcripts may be mailed or delivered to:

Sanford Bernstein, Ph.D.
c/o Jennifer Suggs, Partnership Scholars Program Coordinator
Biology Department
San Diego State University
5500 Campanile Dr.
San Diego, CA 92182-4614

Question about the program or application?
Please email Jennifer Suggs at jsuggs@mail.sdsu.edu

San Diego State University/UCSD Cancer Center Comprehensive
Partnership Scholars Program Dedicated To Undergraduate Cancer Research Education

I. Academic/Research Information

RED/STUDENT ID NUMBER	
FULL NAME	
EXPECTED DATE OF GRADUATION	(Double-click for Drop Down) YEAR: (Drop Down)
ACADEMIC LEVEL	<input type="checkbox"/> Senior <input type="checkbox"/> Junior <input type="checkbox"/> Sophomore
MAJOR (Drop Down)	SECOND MAJOR (if applicable)
Other Major (if not listed)	EMPHASIS (if applicable)
MINOR (if applicable)	
OVERALL GPA (A=4.0, B = 3.0, etc.)	SAT Scores
SCIENCE GPA (all science, math, engineering courses)	
UNITS OF COURSE WORK COMPLETED	
RESEARCH EXPERIENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, # of months: or # of units:
NUMBER OF RESEARCH PRESENTATIONS:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3
NUMBER OF PUBLICATIONS:	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3
HIGHEST DEGREE OBJECTIVE:	<input type="checkbox"/> MD-PhD <input type="checkbox"/> PhD <input type="checkbox"/> MD/DO <input type="checkbox"/> MPH <input type="checkbox"/> Masters <input type="checkbox"/> Other:
NAME(S) OF CURRENT RESEARCH MENTOR(S)	
AREA OF CANCER RESEARCH INTEREST: <input type="checkbox"/> LAB RESEARCH <input type="checkbox"/> PUBLIC HEALTH	

II. Personal Information

U.S. CITIZEN YES NO If no, country or citizenship:

If you are NOT a U.S. Citizen, you must be a Permanent Resident. Attach a NOTARIZED copy (both sides) of your Alien Registration Permanent Resident (“green”) card to your application packet.

RACE/ETHNICITY (INDICATE ALL THAT APPLY)

- African-American/Black
- American Indian or Alaskan Native; Tribal Affiliation:
- Asian
- Caucasian/White
- Hispanic/Latino(a) OR Spanish
- Native Hawaiian or Pacific Islander, Samoan, Guamanian
- Decline to State

IF YOU SELECTED “HISPANIC/LATINO(A) OR SPANISH,” CLARIFY RACE HERE (INDICATE ALL THAT APPLY):

- Mexican, Mexican Am., Chicano/a
- Cuban
- Puerto Rican
- Other Hispanic Identity:
- Decline to State

FIRST GENERATION COLLEGE STUDENT: YES NO Equal Opportunity Program (EOP) STUDENT: YES NO

APPLICANT LAST NAME, FIRST NAME:

FATHER/GUARDIAN FULL NAME:
HIGHEST LEVEL OF EDUCATION ATTAINED:
MOTHER/GUARDIAN FULL NAME:
HIGHEST LEVEL OF EDUCATION ATTAINED:
DO YOU RECEIVE FINANCIAL AID? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT:
OTHER FINANCIAL AID SOURCES:
ARE YOU WILLING TO BE CONTACTED IN THE FUTURE REGARDING ACADEMIC AND CAREER PROGRESS REGARDLESS OF ACCEPTANCE INTO THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO

IF YES, PLEASE PROVIDE LINK/ADDRESS FOR PREFERRED METHOD(S) OF CONTACT
<input type="checkbox"/> E-MAIL:
<input type="checkbox"/> LINKED-IN:
<input type="checkbox"/> FACEBOOK:
<input type="checkbox"/> OTHER:

HOW DID YOU HEAR ABOUT THIS PROGRAM?
<input type="checkbox"/> CANCER HEALTH DISPARITIES WORKSHOP
<input type="checkbox"/> PRESENTATION: <input type="checkbox"/> IN-CLASS or <input type="checkbox"/> CLUB/OTHER ORGANIZATION
<input type="checkbox"/> LABORATORY TOUR
<input type="checkbox"/> FLYER
<input type="checkbox"/> E-MAIL
<input type="checkbox"/> WEBSITE:
<input type="checkbox"/> FACULTY OR STAFF RECOMMENDATION
<input type="checkbox"/> WORD OF MOUTH
<input type="checkbox"/> OTHER:

APPLICANT LAST NAME, FIRST NAME:

III. Educational Background

HIGH SCHOOL
CITY
YEAR OF GRADUATION

COMMUNITY COLLEGE/UNIVERSITIES ATTENDED.
List all institutions attended. Start with most current schools.

Community Colleges/Universities Attended	Dates	Field of Study/Major	Overall GPA	Major GPA	Degree Earned	Date Degree Earned/Expected

IV. Additional Information To Complete Application

Provide a response to EACH of the following. The Partnership Scholars Selection Committee will use your responses to assess your interest in pursuing a research career, and also your ability to communicate through writing (do **not** attach additional sheets – use only space provided).

PLEASE DESCRIBE ANY HONORS/AWARDS/SCHOLARSHIPS THAT YOU HAVE BEEN AWARDED

PLEASE DESCRIBE YOUR COMMUNITY INVOLVEMENT, EXTRACURRICULAR ACTIVITIES, AND/OR MEMBERSHIPS IN STUDENT OR PROFESSIONAL ORGANIZATIONS

APPLICANT LAST NAME, FIRST NAME:

PLEASE DESCRIBE ANY PREVIOUS EXPERIENCE YOU HAVE IN RESEARCH OR RELATED AREAS.

THE PARTNERSHIP SCHOLARS PROGRAM PREPARES STUDENTS FOR ENTRY AND SUCCESS IN GRADUATE SCHOOL FOLLOWING BA/BS PROGRAM COMPLETION. HOW CONGRUENT IS THIS WITH YOUR EDUCATIONAL GOALS?

APPLICANT LAST NAME, FIRST NAME:

DISCUSS YOUR CAREER PLANS AFTER YOU COMPLETE YOUR FORMAL EDUCATION, PARTICULARLY HOW SCIENTIFIC RESEARCH FITS INTO THESE PLANS, INCLUDING CANCER-RELATED AND/OR HEALTH DISPARITY RESEARCH:

IF THERE IS A DISCREPANCY BETWEEN YOUR GRADES IN ACADEMIC COURSEWORK AND YOUR POTENTIAL, PLEASE EXPLAIN. IT IS EXPECTED THAT YOU WILL COMPLETE THE BA/BS DEGREE WITH A 3.0 GPA OR HIGHER.

EXPLAIN HOW YOUR SELECTION AS A PARTNERSHIP SCHOLAR WILL ENHANCE THE PARTICIPATION OF UNDERREPRESENTED INDIVIDUALS (ETHNIC MINORITY, DIASBLED, FIRST IN FAMILY TO COLLEGE, ECONOMICALLY CHALLENGED) IN CANCER RESEARCH CAREERS.

APPLICANT LAST NAME, FIRST NAME:

Arrange to have two letters of reference written on your behalf, at least one of which is from a faculty member within your major (and list these below). If you have participated in laboratory research, one of the letters would likely be from your research director/supervisor. Ask your faculty respondents to e-mail a reference form (obtained from <http://sci.sdsu.edu/cccp>) or a letter, if they prefer, as an attachment to the SDSU/UCSD CCC PARTNERSHIP SCHOLARS COORDINATOR at jsuggs@mail.sdsu.edu. **All letters should be addressed to the "Partnership Scholars Selection Committee."**

REFeree NAME	DEPT/INSTITUTION	EMAIL & PHONE #

By typing my full name below, I hereby authorize the Partnership Scholars Program personnel to have access to my university records for purposes of admission and continuation of financial, academic and research support in any of SDSU's Support Programs. All information will be kept in strict confidence.

My file contains all or any of the following:

- Personal information from this application
- Copies of my transcripts of College/University work
- Financial Aid Records
- Letters of recommendation
- Personal Statement and other documents related to my admission or continuation in the Program.

Full Name (Include Maiden or Middle Name):

Date of Application:

EMAIL ADDRESS	
HOME PHONE NUMBER with AREA CODE	
WORK/LAB PHONE NUMBER	
MOBILE PHONE NUMBER	
LOCAL MAILING ADDRESS	
PERMANENT MAILING ADDRESS	

Please be advised that no action will be taken until your application is complete. This application is for research support only. If you are not yet a SDSU or UCSD student, you must also be accepted for admission by the University prior to participation in the Partnership Scholars Program.

Please return the completed application form to jsuggs@mail.sdsu.edu

Sanford Bernstein, Ph.D.
c/o Jennifer Suggs, Partnership Scholars Program Coordinator
Biology Department
San Diego State University
5500 Campanile Dr.
San Diego, CA 92182-4614

If you have any questions, email: jsuggs@mail.sdsu.edu

Visit the SDSU/UCSD Cancer Center Comprehensive Partnership Scholars website: <http://sci.sdsu.edu/cccp>