

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

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

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** Open this form in Adobe Acrobat (find form fields) to fill it out. Save it in PDF format and add your last name to the file name. Email the file along with your other materials as indicated below.
- 2) Transcript(s):** A copy of your unofficial transcript(s) from the SDSU WebPortal AND unofficial transcripts from all other colleges attended if their GPAs are included in your overall GPA calculation on your SDSU transcript. Official transcripts are required if GPAs from other college coursework are not included in the calculation of overall GPA from SDSU.
- 3) Financial Aid Records:** Obtain a copy of your current year Award Statement, if applicable, from www.sa.sdsu.edu/fao/index.html.
- 4) Personal Statement describing** a) your personal and family background, b) your research interests and/or experiences, c) future educational and professional goals, d) how cancer-related and/or health disparity research fits into your career plans, and e) how these make you a good fit for our program. Also, describe (f) your community involvement, extracurricular activities and/or memberships in student or professional organizations and (g) any honors/awards or scholarships received. Further, explain (h) how your selection as a Partnership Scholar will enhance the participation of underrepresented individuals (ethnic minority, disabled, first in family to college, socio-economically challenged). **It is expected that Partnership Scholars will complete the BA/BS degree with a GPA of 3.0 or higher.** If applicable, (i) also please explain any discrepancy between your grades in academic coursework and your potential. **Limit to two (2) pages.**
- 5) Letters of Recommendation:** TWO confidential letters/ Confidential Reference Forms (obtained at <http://sci.sdsu.edu/cccp>), 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. Completed reference forms/ letters may be either emailed by your evaluator directly to Daniel Barlam, the program coordinator, at dbarlam-sw@sdsu.edu or sent to the address below.

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 transcript, and financial aid summary. Letters of recommendation and official transcripts may be mailed or delivered to:

Daniel Barlam, Partnership Scholars Program Coordinator
San Diego State University
College of Sciences, GMCS 321
5500 Campanile Dr.
San Diego, CA 92182-1016

Question about the program or application? Please email Daniel Barlam at dbarlam-sw@sdsu.edu

San Diego State University/UC San Diego Moores Cancer Center
Partnership Scholars Program Dedicated To Undergraduate Research Education

I. Academic/Research Information: Choose one: SDSU student				
STUDENT ID NUMBER:				
FULL NAME:				
EXPECTED DATE OF GRADUATION: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR				
Spring Summer Fall Winter _____				
ACADEMIC LEVEL: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
Senior Junior Sophomore				
MAJOR: (Drop Down)	EMPHASIS: (if applicable)	Other MAJOR: (if not listed)	SECOND MAJOR: (if applicable)	
MINOR(S):				
OVERALL GPA:	SAT SCORES:		YEAR TAKEN:	
TOTAL UNITS OF COURSEWORK COMPLETED:				
RESEARCH EXPERIENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME(S) OF CURRENT RESEARCH MENTOR(S):				
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: _____				
AREA OF CANCER RESEARCH INTEREST: <input type="checkbox"/> BENCH SCIENCE RESEARCH <input type="checkbox"/> PUBLIC HEALTH RESEARCH				
II. Personal Information				
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to State				
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO If no, country or citizenship: _____				
<input type="checkbox"/> 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 (indicate all that apply):				
<input type="checkbox"/> African-American/Black				
<input type="checkbox"/> American Indian or Alaskan Native; Tribal Affiliation:				
<input type="checkbox"/> Asian				
<input type="checkbox"/> Caucasian/White				
<input type="checkbox"/> Native Hawaiian or Pacific Islander, Samoan, Guamanian				
<input type="checkbox"/> Decline to State				
ETHNICITY:				
<input type="checkbox"/> Hispanic				
<input type="checkbox"/> Non-Hispanic				
<input type="checkbox"/> Decline to State				
FIRST GENERATION COLLEGE STUDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Equal Opportunity Program (EOP) STUDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO				

APPLICANT LAST NAME, FIRST NAME:

FATHER: HIGHEST LEVEL OF EDUCATION ATTAINED:					
MOTHER: HIGHEST LEVEL OF EDUCATION ATTAINED:					
IF YOU SPEAK AND/OR READ/WRITE ANY LANGUAGES OTHER THAN ENGLISH, LIST THEM HERE:					
LANGUAGE	SPEAK	READ/WRITE			
1.	<input type="checkbox"/>	<input type="checkbox"/>			
2.	<input type="checkbox"/>	<input type="checkbox"/>			
DO YOU RECEIVE FINANCIAL AID? <input type="checkbox"/> YES <input type="checkbox"/> NO AMOUNT: \$					
OTHER FINANCIAL AID RESOURCES:					
ARE YOU WILLING TO BE CONTACTED IN THE FUTURE REGARDING CAREER AND ACADEMIC 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"/> EMAIL: _____ <input type="checkbox"/> LINKED-IN: _____ <input type="checkbox"/> FACEBOOK: _____ <input type="checkbox"/> OTHER: _____					
HOW DID YOU HEAR ABOUT THIS PROGRAM?					
<input type="checkbox"/> EMAIL <input type="checkbox"/> WORD OF MOUTH <input type="checkbox"/> CANCER HEALTH DISPARITIES WORKSHOP <input type="checkbox"/> FLYER <input type="checkbox"/> PRESENTATION: <input type="checkbox"/> IN-CLASS or <input type="checkbox"/> CLUB/OTHER ORGANIZATION <input type="checkbox"/> FACULTY OR STAFF RECOMMENDATION <input type="checkbox"/> WEBSITE: _____ <input type="checkbox"/> OTHER: _____					
III. Educational Background					
COMMUNITY COLLEGES/UNIVERSITIES ATTENDED					
<i>List all institutions attended. Start with most current schools.</i>					
Community College/University Attended	Attendance Dates	Field of Study/Major	GPA	Degree Earned	Date Degree Earned/Expected

APPLICANT LAST NAME, FIRST NAME:

Arrange to have **two** professional references each complete a REFERENCE FORM on your behalf (and list these below). At least one of these references should be from a faculty member within your major. If you have participated in a research project, one of the letters would likely be from your research director/supervisor. The Reference Form may be downloaded from: <http://sci.sdsu.edu/cccp>. Ask your respondents to email the completed form as an attachment to the SDSU/UCSD MOORES CANCER CENTER PARTNERSHIP SCHOLARS COORDINATOR at: dbarlam-sw@sdsu.edu. An additional accompanying letter of reference is also welcome, but not required. It should be addressed to the **“Partnership Scholars Selection Committee.”**

REFeree NAME	DEPT/INSTITUTION	EMAIL & PHONE NUMBER

By typing my full name below, I hereby authorize the Partnership Scholars Program personnel to have access to my university records for the 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 coursework
- Financial Aid Records
- Letters of Recommendation/Reference Form
- 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	
MOBILE PHONE NUMBER	
WORK/LAB 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 student, you must also be accepted for admission by the University prior to participation in the Partnership Scholars Program.

Please email the completed application form to dbarlam-sw@sdsu.edu

Daniel Barlam, Partnership Scholars Program Coordinator; San Diego State University; College of Sciences, GMCS 321; 5500 Campanile Dr., San Diego, CA 92182-1016