

**Stein Institute for Research on Aging**

**high school summer training in aging research *(hs star)***

###### Student Application

**Requirements for a Completed Application:**

* Completely fill out this 2-page ***Student Application***
* Include a ***Personal Statement*** as described on the second page of this document
* Contact your high school office to request a copy of your ***Transcript(s)***
* Contact a teacher who is familiar with your academic work to request completion of the ***Student Evaluation Form***, found on our website.
Your teacher must fax or email the form directly to the program

**All materials are required for your application to be considered and must be received
no later than April 10th, 2020.**

##### Forward application materials to:

##### Paula SmithCenter for Healthy Aging9500 Gilman Drive, # 0664

La Jolla, CA 92093-0664

email: healthyaging@health.ucsd.edu

phone: 858-534-5475
fax: 858-534-5475

PERSONAL INFORMATION

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender:** [ ]  **Male** [ ]  **Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are either Parents/Guardians graduates of a four-year college or university?**

[ ]  **Yes**

[ ]  **No**

**Ethnicity:** [ ]  **Hispanic/Latino** (please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Not Hispanic/Latino**

**Race:** [ ]  **American Indian or Alaska Native**

[ ]  **Native Hawaiian or other Pacific Islander**

[ ]  **Asian** (please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **Black or African American**

[ ]  **Other** (please specify) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SCHOOL INFORMATION

**Current High School: Current Grade Level: Current GPA:**

 **If you are a senior, what school will you attend next Fall?**

**Anticipated major in college or university: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you plan to apply for graduate school?** [ ]  **yes** [ ]  **no** [ ]  **undecided**

**Do you plan to attend medical school, dental school, nursing school, physical therapy school, or another health care program?** [ ]  **yes** [ ]  **no
 If yes, do you have a school in mind?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ACTIVITIES

**List any prior research experience you have participated in at UCSD or another institution:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Name of lab** | **Name of project** | **Start date****(mm/dd/yy)** | **End dated (mm/dd/yy)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**List your extracurricular activities, hobbies, interests, awards and honors you have received:**

|  |
| --- |
| 1.  |
| 2.  |
| 3.  |
| 4.  |

**List your community outreach activities:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total # of hrs** | **Activity name** | **Start date****(mm/dd/yy)** | **End dated (mm/dd/yy)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

PERSONAL STATEMENT

On a separate document (2.0pt line spacing, 12 point font, maximum 2 pages), briefly describe

* your long-term professional goals
* your interest and/or experience in aging research or an aging-related field
* any hardships you have experienced that have impacted your academic development and how you resolved such hardships

AGREEMENT

By selecting “**yes”** below, I certify that the information submitted in this application is complete and correct to the best of my knowledge. I understand that to make a false or fraudulent statement, whether by inclusion or omission, within this application may result in denial of admission or dismissal from program if accepted. If admitted, I hereby agree to abide by the policies and the rules and regulations of the High School Summer Training on Aging Research Program.

[ ]  **yes** [ ]  **no** *Date certified:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**