



# Division of Cancer Research and Training

*In partnership with*

**UCLA** Jonsson Comprehensive Cancer Center

## Undergraduate Cancer Research Training Program (UCRTP) Application

### Student Information

Last Name:  First Name:  Middle Initial:

Address:

City:  State:  Zip Code:

Telephone Number:  555-555-5555 Email:

Date of birth:  mm/dd/yyyy Age:  Gender:  Social Security Number:

Please choose one of the following categories which you identify with the most:

If other, please specify:

### Health Insurance

Do you have health insurance? *Please note that this will not affect your acceptance in any way.*  Yes  No

If so, will you be able to provide a copy of your insurance card upon acceptance?  Yes  No

### Program Dates

We have two program schedules to accommodate students on either the quarter or semester system. Please choose the program track you will be able to commit to for the entire 12 weeks.

1. Semester System Track

*Program Dates:* May 22, 2017- August 11, 2017  Yes, I am available to attend the Semester System Track.

2. Quarter System Track

*Program Dates:* June 19, 2017- September 8, 2017  Yes, I am available to attend the Quarter System Track.

### Educational Background

*Beginning with the institution you are currently attending, please list the colleges, universities, and high school you have attended.*

Name of School/Location (City/State)	Major/Expected Degree	Expected Graduation Date (Month/Year)	Overall GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current year in college:  Freshman  Sophomore  Junior  Non-Graduating Senior

Other:  (please specify)



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## **Extra Curricular Activities**

Please list activities and provide a brief description.

Activity	Description

## **Employment Information/Work Experience**

Please list all work experience, including non-research related.

Company Name	Dates of Employment	Title/Position

## **References**

Please provide the names and contact information for the two individuals you have requested letters of recommendation from.

Recommender 1:

Name:  Title:

Institution:  Telephone Number:   
555-555-5555

Email Address:  Date asked for letter:

Recommender 2:

Name:  Title:

Institution:  Telephone Number:   
555-555-5555

Email Address:  Date asked for letter:

## **Official Transcripts**

Date ordered:

Send to: Milena Pavlova, Division of Cancer Research & Training  
Charles R.Drew University of Science and Medicine  
1731 E. 120th Street, Los Angeles, CA 90059



**Short Answer Questions** *Please answer the following questions in the area provided.*

1. What are your hobbies or main interests outside of school?

2. What other summer programs are you applying to?

3. What are your long term education and career objectives? Please choose one of the following:

4. Briefly describe any independent study or projects that you have completed.

5. What are your research interests?



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## **Essay Question**

*Please limit your answer to the space below.*

What are your expectations of the Charles Drew University-Division of Cancer Research and Training Undergraduate Cancer Research Training Program in partnership with UCLA Jonsson Comprehensive Cancer Center and what do you hope to gain from your participation in the program? How will it help you achieve your academic and career objectives stated in the short answer portion?

*I hereby certify that the above information provided on this application is correct to the best of my knowledge.*

Signature:

Date:

mm/dd/yyyy

How did you hear about UCRTP?