

Centers of Excellence Scholars Program

Student Application

Please submit a **typewritten** response to Melissa Garner in Suite 330 on or before Monday, August 30, 2004. *You may use additional pages if necessary.*

General Information:

Name (last, first, middle):

Date of Birth:

Social Security Number:

Dormitory/Apartment Mailing Address:

Telephone Number:

Home/Permanent Address:

Telephone Number:

E-Mail Address:

Organization Affiliation:

Short Biography (1 page minimum)

Academic Information:

Year Completed: Sophomore P1 P2 P3

Current Grade Point Average:

Current Academic Schedule: (course number, day(s), and time):

Program Information:

What do you hope to gain from participation in this program?

Do you have any previous laboratory or clinical experience? If yes, please describe that experience.