



**National Institutes of Health
National Institute of Diabetes and Digestive and Kidney Diseases
Office of Minority Health Research Coordination**



Short-Term Education Program for Underrepresented Person's

High School Program



To learn more about NIDDK you may visit our website at <http://www.niddk.nih.gov>.

1. Personal Information

Name:

First

MI

Last

Permanent Address:

Street

P.O. Box

City

State

Zip Code

Telephone:

Home Phone

Cell

Email Address:

U.S. Citizen: ___ Yes ___ No

If no, are you a Permanent Resident: ___ Yes ___ No

(Photographic copies of both sides of your Permanent Residency Card are required prior to acceptance to the Program.)

Previous NIH Research Experience: ___ Yes ___ No

(i.e. SIP, STEP-UP, MARC)

Charles Drew NHSSRP _____
(most recent year)

STEP-UP _____
(most recent year)

Other NIH Program _____
(most recent year)

Relative at NIH: ___ Yes ___ No

If yes, relative's employer: _____

2. Parent or Guardian's Contact Information

Name: Dr. /Mr. / Ms. _____
(Choose) First MI Last

Permanent Address: _____
Street

P.O. Box

City State

Zip Code

Telephone: _____
Home Work Cell

Email Address: _____

3. Demographic Information

Month/Day/Year of Birth: ____ / ____ / ____ (mm/dd/yr)

Gender: ____ Male ____ Female

Hispanic: ____ Yes ____ No

If yes, please check: ____ Mexican ____ Puerto Rican ____ Caribbean ____ Other

If Other, please specify: _____

Racial Origin: Check one of the following categories, which most closely reflects your Racial origin.

____ American Indian/Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or Pacific Islander

____ White

____ Other (Optional) Please Specify _____

____ Check here if you do not wish to provide information.

4. Family income: ONLY Individuals who are applying to the STEP-UP Program based upon coming from a disadvantaged background* are required to complete the following section. This information is **not** based upon your own current financial status.

Total household income

Total number living in household

_____ Less than \$10,000 annually	_____ 1
_____ Between \$10,000 and \$13,000 annually	_____ 2
_____ Between \$13,000 and \$16,000 annually	_____ 3
_____ Between \$16,000 and \$20,000 annually	_____ 4
_____ Between \$20,000 and \$23,000 annually	_____ 5
_____ Between \$23,000 and \$26,000 annually	_____ 6
_____ Between \$26,000 and \$30,000 annually	_____ 7
_____ Between \$30,000 and \$33,000 annually	_____ 8
_____ Between \$33,000 and \$37,000 annually	_____ 9
_____ Between \$37,000 and \$40,000 annually	_____ 10 or more
_____ Over \$40,000 annually	

*Individuals from disadvantaged backgrounds are defined as: Individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size; published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>.

5. Academic Information: (An official current high school transcript is required)

High school presently attending: _____

Current Grade: ___ Sophomore(10th) ___ Junior(11th) ___ Senior(12th)

High School Address: _____

Street

P.O. Box

City

State

Zip Code

Previous high school attended: _____

Date: _____

Grade: ___ Freshman(9th) ___ Sophomore(10th) ___ Junior(11th) ___ Senior(12th)

High School Address: _____

Street

P.O. Box

City

State

Zip Code

Cumulative GPA: _____

Current High school Grading Scale: ___ 4.0 ___ 5.0 ___ Other (specify) _____

6. Employment and/or Volunteer Information: (Please include any research experience)

Employment or Volunteer Experience	Dates	Title/Position	Brief description of duties

10. Personal Statement: Please state your research interest and long-term career goals, if known, and reasons for applying to the NIH/NIDDK STEP-UP Program. What are your expectations for your summer research training experience, and what do you hope to gain by participating in this program? If more space is needed please attach a separate sheet. **(600 words or less)**

COUNT YOUR WORDS!

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

Student Applicant Signature

Date

Signature of parent or guardian if student is under 18

Date

NOTICE TO ALL APPLICANTS

- **Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.**
- **Deadline for applications is February 15, 2009. However, we encourage applicants to submit their applications ASAP.**
- **Additional information for payroll purposes may be requested upon selection.**
- **An official academic transcript should be requested at least one month in advance and mailed by your school directly to the address below. Alternatively, you may submit your official transcript in the original envelope which was sealed by the appropriate school official along with you application.**
- **Students should request Letters of Recommendation at least one month in advance to insure timely completion and receipt of the letter. The recommendation provider should mail the letter to the address indicated below. Please download the Letter of Recommendation template from the website.**
- **Applications and Letters of Recommendation may be mailed, submitted electronically, or via fax to:**

STEP-UP High School Program

Office of Minority Health Research Coordination

II Democracy Plaza, Room 648A

6707 Democracy Blvd.

Bethesda, MD 20892-5454

TEL: (301) 594-9649

EMAIL: curryj1@niddk.nih.gov

- **The receipt of your completed application package will be acknowledged via email.**