

APPLICANT CONTACT INFORMATION

Name: \_\_\_\_\_
FIRST MIDDLE LAST

Permanent Address: \_\_\_\_\_
STREET

CITY STATE ZIP CODE

County of Residence: \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ U.S. Citizen? Yes [ ] No [ ] Documentation must accompany application.

OPTIONAL INFORMATION

Did either of your parents complete college? Yes [ ] No [ ] Are you an independent adult returning to college? Yes [ ] No [ ]

- Race/Ethnic Origin: [ ] American Indian or Alaskan Native [ ] White [ ] Asian (Not Hispanic or Latino) [ ] Hispanic or Latino [ ] Black or African American (Not Hispanic or Latino) [ ] Two or more Races (Not Hispanic or Latino) [ ] Native Hawaiian or other Pacific Islander

EDUCATION

High School \_\_\_\_\_ Date of graduation \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GPA: \_\_\_\_\_
CITY

College \_\_\_\_\_ Date of graduation \_\_\_\_ / \_\_\_\_ / \_\_\_\_ GPA: \_\_\_\_\_
CITY

Are you currently enrolled in a medical school? Yes [ ] No [ ]

If yes, please provide name of school: \_\_\_\_\_ Current year in school: \_\_\_\_\_

If no, have you been accepted to a medical school? Yes [ ] No [ ]

If yes, please provide name of school: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
FIRST MIDDLE LAST

**ACADEMIC ACHIEVEMENTS**

Attach an additional sheet if necessary.

1. Describe your academic achievements (i.e., publications, certifications, degrees, etc):

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2. List any academic awards you have received:

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3. List leadership activities (i.e., offices held, etc.) since entering college/university:

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**COMMUNITY INVOLVEMENT**

Please list the principal community, volunteer, personal and extracurricular activities in which you have been involved. Include student government, volunteer projects, etc. Attach an additional sheet if necessary.

Activity	Honors and/or Positions Held	Dates of Involvement	Hours per Month
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

**EMPLOYMENT HISTORY**

Beginning with your present or most recent job, list your employment history (if applicable). Attach an additional sheet if necessary.

Employer	Position	Dates of Employment	Hours per Week
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	
		/ / - / /	

How have you used income earned? \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

FIRST

MIDDLE

LAST

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## APPLICATION CHECKLIST

### Did you remember to...

- Complete and sign the enclosed application form?
- Include 2 letters of reference?
- Include an **official** copy of your transcript(s) (both college and medical school, if applicable)?
- Include a signed and dated personal statement?
- Include financial statements (SAR or first two pages of most recent form 1040)?
- Include proof of citizenship (photocopy of birth certificate, passport or naturalization papers)?
- Include proof of graduation from a high school or proof of residence in San Mateo County or Santa Clara County?
- Remove staples from application materials?