

MINORITY INTERNATIONAL RESEARCH TRAINING PROGRAM

APPLICATION FORM

DEADLINE FOR ALL APPLICATION MATERIALS: MARCH 1

Please type or print in ink the information requested below. If any additional space is needed, use a separate sheet of paper with your name and current undergraduate institution clearly indicated.

LAST NAME

FIRST NAME

MIDDLE INITIAL

MALE

FEMALE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

UNDERGRADUATE INSTITUTION

CLASS ACADEMIC YEAR:

COLLEGE/MAILING ADDRESS

CITY

STATE

ZIP

SCHOOL TELEPHONE NUMBER

E-MAIL ADDRESS

HOME ADDRESS

CITY

STATE

ZIP

TELEPHONE #

Are you a US citizen?

Yes

No

If no, specify your immigration status _____

FIELDS OF SATUDY (PLEASE BE SPECIFIC)

MAJOR: _____

MINOR: _____

OTHER: _____

RACIAL/ETHNIC BACKGROUND:

- BLACK/AFRICAN AMERICAN
- HISPANIC (SPECIFY) _____
- NATIVE AMERICAN (TRIBE/NATION) _____
- PACIFIC ISLANDER (SPECIFY) _____
- BIRACIAL/MULTIRACIAL (SPECIFY) _____
- ASIAN (SPECIFY) _____

If the above choices are insufficient, please write in your racial/ethnic identification

Overall cumulative GPA: _____

Which academic degree(s) do you intend to pursue after completing your bachelor's degree

- Ph.D.
- M.D./Ph.D
- M.D.
- MBA
- Other _____

Have you ever participated in A **MIRT** summer research program? YES NO

If yes, list the program(s) and the year(s): _____

LIST ALL COURSES RELEVANT TO AREA OF CONCENTRATION

HONORS AND AWARDS

EXTRACURRICULAR ACTIVITIES

FOREIGN LANGUAGES SPOKEN

SIGNATURE: _____ DATE _____

Mail all materials to:

Leadership Alliance, Executive Office, Box 1963, Providence, RI 02912

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