**STUDENT INFORMATION:** Supply a complete answer to each item or N/A where appropriate.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST FIRST AREA

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER, STREET, APT., LOT CITY STATE ZIP

High School currently attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER, STREET, APT., LOT CITY STATE ZIP

HIGH SCHOOL GRADE IN FALL:

**❑10th ❑11th ❑12th**

**PARENTAL INFORMATION:** Please give home address of both parents/caregivers.

|  |  |
| --- | --- |
| **Caregiver #1 Name:** | **Caregiver #2 Name:** |
| **Home Address:** | **Home Address:** |
| **Home Telephone:** | **Home Telephone:** |
| **Occupation:** | **Occupation:** |
| **Business/mobile Telephone:** | **Business/mobile Telephone:** |

**Did either of your parents attend college?**

**No College – Completed HS/GED diploma**\_\_\_\_ **Attended College – did not graduate**\_\_\_\_ **College Graduate**\_\_\_\_

**ACADEMIC TRANSCRIPT**

Please provide a copy of your **CURRENT HIGH SCHOOL TRANSCRIPT.** This record **MUST** be sent by your guidance counselor. A 2.0 GPA or higher is required for this program.

**LEVEL OF COMMITMENT**

Do you have prior commitments such as vacations, classes, sports, college visits, or medical issues that will conflict with the dates of the summer internship program? ❑ Yes ❑ No If yes, please explain with **specific dates**. Should an applicant be granted admission, **failure to discuss pending commitments may result in dismissal from the program.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT ESSAY**

Attach a separate sheet with a **250 word typed essay**. The essay should be comprised of the following: (1) Why you want to participate in STARZ, (2) what you expect to get out of this program, and 3) a statement of your career goals. In addition to your essay, please include a summary of the following: (a) Extracurricular activities which have given you experience in science and/or displayed your leadership qualities, (b) your participation in science fairs, contests, or hobby activities, and (c) scientific research you have conducted in high school.

**PARENTAL CONSENT**

As the parent/guardian, I certify that my son/daughter has my permission to participate in the UT STARZ Program. It is my understanding that he/she will be subject to the regulations of the host institution and project. I understand that should a health emergency arise, I will be notified, but in the event that I cannot be contacted by phone, such medical treatment as deemed necessary by a competent medical doctor is authorized.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME (PLEASE PRINT) PARENT/GAUARDIAN SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME (PLEASE PRINT) STUDENT SIGNATURE

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE FORWARD ALL APPLICATION MATERIALS TO:

Kris Bates

Administrative Assistant

University of Toledo College of Medicine/Office of Diversity, Equity, and Inclusion

3000 Arlington Mail Stop 1043

Toledo, OH 43614

Phone: 419-383-3438

Fax: 419-383-3322

Email: [Kristina.Peterson@utoled.edu](mailto:Kristina.Peterson@utoled.edu)

