This is a sample for you to review. To apply to the program, you must submit the electronic application.

2015 Summer University Research Program
Connecticut Health and Life Sciences Initiative

INSTRUCTIONS:
1. Please complete and submit the form.
2. Submit a current copy of your transcript (unofficial copies are acceptable). Email your transcript to silvap@easternct.edu.
3. Be sure to use proper grammar and mechanics when you complete the form. Need a quick review of the use of commas – or other aspects of grammar and mechanics? Find a link to the Purdue Online Writing Lab (OWL) at the bottom of this page: http://www1.easternct.edu/writingcenter/

PROGRAM DATES: May 26, 2015 – July 2, 2015, 9 am – 4 pm
Applicants must be available for the complete program.

DUE DATE: Applications are due by Friday, March 6.

1. Applicant’s Full Name: ____________________________ Date: ______________
   Last Name: ___________________ First Name: ___________ M.I: __________

2. Mailing Address: ________________________________________________________
   Street Address: __________________________________ Apartment/Unit # _______
   ____________________________________________________________
   City: __________________________________ State: _______ Zip Code: ___________

3. Home Phone: ( ) __________________ 4. E-mail Address: ____________________________

5. Cell Phone: ( ) __________________

7. Institution Attending: ______________________________________________________


10. Credits Completed to Date (through the end of last semester): __________
11. Have you ever attended other college programs?

☐ No

☐ Yes

☐ If yes, please indicate where you went, when it was, how many credits you received and what you studied. For example:

- UConn, 1998-1999, 12 credits, Science and Math
- TRCC, 2000-2001, 28 credits, Health Career Pathway certificate

12. Applying for (select one):

☐ Track 1  Bioscience – Search for the Cure

☐ Track 2  Building Health Communities

12. Please enter the contact information for one faculty or staff member who can serve as your reference.

Name:
Department:
Phone:
Email:

13. Why are you interested in the Summer Undergraduate Research Program? (Be specific)

14. What are your future academic and career goals?

15. Have you had any past research experience? (If so, please describe.) (Not Required for Participation).
**Demographics**

The Summer University Research Program is being funded by the Connecticut Health & Life Sciences Career Initiative, a $12.1 million USDOL Trade Adjustment Assistance Community College and Career Training (TAACCCT) grant. In accordance with the grant, we must track student participation. Information will be kept confidential and only used for purposes of monitoring the grant. Grant reporting is done at the aggregate level.

**Please check all that apply:**

- Male
- Female
- Male
- Female
- Full time Student
- 12 or more credit hours
- or 6 during the summer
- Part-Time Student
- Less than 12 credit hours or
- less than 6 credits summer

- I am a U.S. citizen
- Age: ______________________

What is your race/ethnicity? Choose one or more:

- Hispanic/Latino
- Native Hawaiian or Other Pacific Islander
- American Indian
- White
- Asian
- More than one race/ethnicity
- Black/African American

Were you employed at the start of your education?

- Yes - Full Time
- Yes - Part Time
- No

Employer: ___________________________  Job Title: ___________________________

Number of years of full-time employment:

- 0 - 5
- 6 - 10
- 11 – 19
- 20 or more

Are you an eligible veteran?

- Yes
- No

Do you have a disability?

- Yes
- No

Are you TAA Eligible?

- Yes
- No

Pell Grant Eligible

- Yes
- No

I certify that the information provided above is, to the best of my knowledge, true and correct, and I consent to the disclosure of this and program participation information between Connecticut Community Colleges and the Connecticut Community College System Office and the Connecticut and U.S. Departments of Labor for the purposes of maintaining accurate student records and to monitor grant performance.

**Signature:** ___________________________  **Date:** ____________________

For questions or to submit completed forms (along with your unofficial transcript), contact:

Polly M. Silva, PhD  
HL-SCI Program Coordinator  
J. Eugene Smith Library, Room 108  
83 Windham St.  
Willimantic, CT 06226-2295

silvap@easternct.edu  
860-465-4504

Or

Contact the Connecticut Health and Life Sciences Program Coordinator at your institution:

Capital – Kate Rickard – 860-906-5205  
Charter Oak – Karen Rollins – 860-515-3855

Manchester – Marcie Stock – 860-512-2740

Middlesex – Kate Miller – 860-343-5739  
Norwalk – Kristy Simms – 203.857.6988