



**Application Form**  
**School of Public Health**  
**UM ADAPT Research Program, 2014**



## APPLICATION FORM

Please fill and answer all questions completely. Submit applications to [umadapt@umd.edu](mailto:umadapt@umd.edu)

### CONTACT INFORMATION

1. Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_
3. Current Address: \_\_\_\_\_
4. Current City: \_\_\_\_\_ 5. Current State \_\_\_\_\_ 6. Current Zip \_\_\_\_\_
7. Permanent Address: \_\_\_\_\_
8. Permanent City: \_\_\_\_\_ 9. Perm. State \_\_\_\_\_ 10. Perm. Zip \_\_\_\_\_
11. Home phone: \_\_\_\_\_ 12. Work phone: \_\_\_\_\_ 13. Cell phone: \_\_\_\_\_
14. Email 1: \_\_\_\_\_ 15. Email 2: \_\_\_\_\_

### IDENTIFYING INFORMATION

- |   |  |
|---|--|
| 16. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male                                   | 18. Maryland Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| 17. Are you a first generation college student?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 19. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No           |
|   | Permanent Resident Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|   | International Student (F1): <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | International Student (J1): <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Race / Ethnicity (Self-Identification)** Please answer question #20 **AND** question #21 below:

20. Self-identification question #20 (please select only **ONE**)
- I am Latino/a or Hispanic  I am not Latino/a or Hispanic

**--AND--**

21. Self-identification question #21 (please select all that apply and specify)
- African American/Black (specify \_\_\_\_\_)
- American Indian/Alaskan Native (Tribal Affiliation \_\_\_\_\_)
- Asian/Asian American (specify \_\_\_\_\_)
- Pacific Islander/Native Hawaiian (specify \_\_\_\_\_)
- White/Caucasian (specify \_\_\_\_\_)
- Other (specify \_\_\_\_\_)

**UNDERGRADUATE TRAINING**

22. Academic Department: \_\_\_\_\_
23. Major \_\_\_\_\_ GPA \_\_\_\_\_
28. Current academic status: \_\_\_\_\_
- Freshman     Sophomore     Other \_\_\_\_\_
24. Minor \_\_\_\_\_ GPA \_\_\_\_\_
25. Minor \_\_\_\_\_ GPA \_\_\_\_\_
26. Minor \_\_\_\_\_ GPA \_\_\_\_\_
29. Expected graduation date: \_\_\_\_\_
- Month \_\_\_\_\_ Year \_\_\_\_\_
27. Overall GPA \_\_\_\_\_

30. Have you ever participated in a summer research program?  Yes  No  
If yes, please list:

Program Name	Year(s) of Participation	Research Area
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____
e) _____	_____	_____

31. Have you participated in programs geared to increase underrepresented minorities in sciences or education (e.g. McNair Scholars, REU)?  Yes  No  
If yes, please list:

Program Name	Year(s) of Participation
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
e) _____	_____

**GRADUATE TRAINING PLANS**

32. Do you plan to attend graduate school immediately following the completion of your undergraduate program?  
 Yes     No     Not sure    If no or not sure, please describe your post-graduation plans?
33. What is the **highest** degree you are immediately interested in pursuing?  
 Masters     Ph.D.     M.D.     J.D.     Other \_\_\_\_\_
34. The UM ADAPT program provides for two consecutive academic years and two summer training experiences for students interested in research related to the aging population. Would you be committed to returning for your second year of training should you be selected to participate in UM ADAPT?  
 Yes     No
35. The UM ADAPT program is designed to be a two year program with a summer on-campus living and learning, research immersion experience in which students will commit two years to the program and abide by the university and program guidelines for on-campus living and program participation. Are you committed, and able to fully participate in the two academic year program and the two 10-week summer programs and abide by University of Maryland campus and UM ADAPT program guidelines?  
 Yes     No

36. List no more than **SIX** institutions you are considering for graduate school.

University	Department	Program
a.		
b.		
c.		
d.		
e.		
f.		

---

**INTEREST IN UM ADAPT Program**

37. How did you hear about the UM ADAPT program?

---

**I, hereby, certify to the best of my knowledge that all information submitted is complete and correct. I understand that failure to disclose accurate information is grounds for dismissal from the program.**

Print Full Name: \_\_\_\_\_  
Signature (Initials if submitting electronically): \_\_\_\_\_ Date \_\_\_\_\_

**I permit SPH staff to release my name and contact information submitted in this application to other University of Maryland educational programs that may be interested in contacting me for graduate school or summer research program(s).**

Print Full Name: \_\_\_\_\_  
Signature (Initials if submitting electronically): \_\_\_\_\_ Date \_\_\_\_\_