

Cumberland's Bridges to Rowan (CB2R) Program Application

Personal Data Section

Name (First, Middle Initial, Last): _____

Address: _____

City _____ State _____ Zip _____

E-mail Address: _____

Telephone: Home (____) _____ Cell (____) _____

Student ID Number: _____

Date of Birth: _____ Gender: ____ Female ____ Male ____ Other

Demographic Data Section

The Bridges Scholars Program is open to students from underrepresented groups who are United States citizens or permanent residents. **To qualify for the Bridges Program, an individual only has to be from ONE of these three groups, but check all that apply.**

- Individuals from racial and ethnic groups that have been shown by the National Institutes of Health (NIH) to be underrepresented in health-related sciences on a national basis. The following racial groups have been shown to be underrepresented in biomedical research: American Indians or Alaska Natives, Blacks or African Americans, Hispanics or Latinos, Native Hawaiians or Other Pacific Islanders (see descriptions below).

OR

- Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities.

OR

- Individuals who come from a family with annual income below established low-income thresholds (see <http://www.uscis.gov/sites/default/files/files/form/i-864p.pdf>)

The following four questions appear on the NIH appointment form that will be filled out upon acceptance to the program.

1. Ethnic background: (check one or more):

- African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- Hispanic.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
- American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

2. Residential status:

- U.S. Citizen (submit copy of birth certificate or proof of citizenship)
- Permanent Resident of the U.S. (submit copy of green card)

3. Do you have a disability?

- Yes
- No
- Do not wish to provide

If yes, please circle which of the following categories describe your disability(ies):

- Hearing
- Mobility
- Visual
- Other: _____

4. Are you from a disadvantaged background?

- Yes
- No
- Do not wish to provide

Academic and Professional Data Section

Current overall GPA: _____ **Credits completed:** _____ **Expected date of graduation:** _____

What is your current major? _____

What major do you plan to transfer into? _____

What is the highest degree you plan to obtain? (BS, MS, PharmD, MD, PhD, or other): _____

What is your ultimate career goal? _____

List any other colleges you have attended:

	Institution	Dates Attended	Major	Degree Earned?
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Are you currently employed? ___Yes ___No

If yes, who is your employer? _____

Position: _____ Average Hours per week: _____

Personal Statement: On a separate sheet of paper, please prepare a typed statement and/or provide responses to address the following questions (no more than 3 pages):

1. What attracts you to the Bridges Scholars Program? How do you feel you can contribute to and benefit from participating in the program?
2. Discuss your research interests and/or any prior research involvement you have had. (Note: If you do not have any or are unsure at this time, please indicate that. This will not be held against you in making a decision about your selection to the program.)
3. Discuss your career plans in the biomedical and behavioral sciences.

Names and Contact Information for 3 References:

	Name	Email	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Certification: By signing this application, I certify that all of the information above is true to the best of my knowledge, including financial and family documentation provided on this form. I understand that this information will be reported to the National Institutes of Health and used for internal program purposes but will remain protected by all relevant student privacy laws and regulations.

Signature: _____

Date: _____