



SAMUEL MERRITT UNIVERSITY, JULY 16 - 27, 2018

## STUDENT APPLICATION

Applications must be typed or printed neatly and legibly. Use black or blue ink only! All applications must be submitted to our office by **5:00 PM PST on April 13, 2018**. Incomplete and late applications will not be considered.

Applications must be submitted with a **\$35 processing fee**. You can pay via PayPal on our website or attach a check and send to *Public Health Institute, FACES for the Future Coalition, 555 -12th Street, 10th Floor, Oakland, CA 94607*.

### PART A: APPLICATION CHECKLIST

A completed application submission should include all of the following items:

- Student Application- Completed & Signed
- School Transcript
- Academic Recommendation- Completed & Signed
- Payment of \$35 for application fee

You have the options to submit your application through mail to the address stated above, through email to [angela.thai@facesforthefuture.org](mailto:angela.thai@facesforthefuture.org) or apply online instead by visiting our website at [www.facesforthefuture.org](http://www.facesforthefuture.org).

### PART B: STUDENT INFORMATION

Full Name: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

## PART C: SHORT ESSAYS

1. Describe in 300 words or less your motivation for wanting to be in this program.
2. Write in 300 words or less about someone you admire. What is his/her most notable characteristic, and why?
3. Write in 300 words or less about a time when you had to overcome a challenge in your life, and how you dealt with it.
4. Describe in 300 words or less a time when you had to make a difficult decision that affected someone else. What did you have to consider, what did you do, and what did you learn?

## PART D: BACKGROUND INFORMATION

1. Please provide a resume or briefly list your extracurricular, volunteer, and/or employment experiences (including roles, responsibilities and length of time of commitment), as well as any awards or honors that you have received during high school.
2. Please provide a copy of your most current academic transcript (unofficial copies are acceptable).

## PART E: ACKNOWLEDGEMENT

I have read and understand the information about the FACES Summer Medical Academy being held from July 16 - 27, 2018 at Samuel Merritt University. In submitting my application, I commit to meeting the expectations of the program including availability, effort and responsibility.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

In partnership with:



A project of:

