

SAMUEL MERRITT UNIVERSITY, JULY 13 - 24, 2020

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 10, 2020**. Incomplete and late applications will not be considered.

Applications must be submitted with a **\$35 processing fee**. Please attach a check and send to *Public Health Institute, FACES for the Future Coalition, 555 -12th Street, 10th Floor, Oakland, CA 94607.*

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

☐ Student Application- Completed & Signed

PART A: APPLICATION CHECKLIST

☐ School Transcript			
☐ Academic Recomm	endation- Completed & Sig	gned	
☐ Payment of \$35 for	application fee		
You have the options to submit your apprehenced through email to veronica.sanchez@phi.www.facesforthefuture.org.			
PART B: STUDENT INFORMATION			
Full Name:			
High School:	Grade:	Current GPA:	
Date of Birth:	Age: Gende	er Identity:	
Home Address:			
City:	State:	Zip:	
Phone (Home):	Cell:		
Email:			
Parent/Guardian Name:	Relationship to A	Relationship to Applicant:	
Parent/Guardian Phone:	Parent/Guardian	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 this person's 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 13 - 24, 2020 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:	Date:	
Signature of Student:	Date:		

In partnership with:



A project of:

