

Special Training to Raise Interest and Prepare for Entry into the Sciences (STRIPES)



RETURNING STRIPES STUDENTS, application must be fully completed and **submitted no later than March 31st**. As part of our application, we ask for several types of contact information.

Please complete the entire application, incomplete applications will not be considered.

Date: _____

Part I – GENERAL INFORMATION

Name: (Last, First, MI) _____ Social Security Number _____

Date of Birth _____ Age _____ Race _____ Gender: Male Female

PERMANENT ADDRESS

Street or P.O. Box # _____ City _____ State _____ Zip Code _____

CONTACT NUMBERS

Home Telephone _____ Cell _____ E-mail _____

FAMILY INFORMATION

Mother's Name _____ Father's Name _____

Address _____ Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Occupation _____ Place of Employment _____ Occupation _____ Place of Employment _____

Home/Cell Telephone _____ Work Telephone _____ Home/Cell Telephone _____ Work Telephone _____

No. of Persons living in Household _____

Guardian Name _____ Address _____

Occupation _____ Place of Employment _____ Home Telephone _____ Work Telephone _____

Please send completed application with three (3) Letters (see brochure) and an official transcript to:

STRIPES Program
USA Center for Healthy Communities, Center of Excellence
307 University Blvd.
CSAB 104
Mobile, AL 36688-0001
Telephone: (251) 470-1687
Fax: (251) 414-8009

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Part II – EDUCATIONAL BACKGROUND

School currently attending: _____ Cumulative GPA: _____

Classification: _____ Major Interests: _____ Favorite Course(s) _____

List any honors or awards you have received:

List of organizations and extracurricular activities in which you are involved:

List any job held or holding:

How did you find out about this program?

Part III - PERSONAL STATEMENT: (Write answers to the questions below using at least 100 words.)

Have your plans after High School changed? (If so explain) Why should you be readmitted to this program?