

Special Training to Raise Interest and Prepare for Entry into the Sciences (S.T.R.I.P.E.S.)



The **S.T.R.I.P.E.S.** application must be fully completed and **submitted no later than February 29th**. Students will be notified of acceptance by **March 31st**. As part of our application process, we ask for several types of contact information.

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

Today's Date: _____

Part I – GENERAL INFORMATION:

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

Date of Birth _____ Age _____ Gender: ___Male___ Female Race/Ethnicity _____

Student's cell phone: _____ Student's email _____

PERMANENT PHYSICAL ADDRESS:

Street _____ City _____ State _____ Zip Code _____

CONTACT NUMBERS

Home Telephone _____ Parent's Cell Number _____ Parent's 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 (optional) _____ Address _____

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

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

**USA Center for Healthy Communities, Center of Excellence
Attn: Mary C. Williams – S.T.R.I.P.E.S. Program
211 North Catherine Street
Mobile, AL 36604
Telephone: (251) 414-8001**

Part II - EDUCATIONAL BACKGROUND

Have you applied for or been accepted to any other Summer Enrichment Program? Yes _____ No _____

If yes, which program: _____

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.)

What are your plans after High School? What are your career plans/goals? Why should you be chosen for this program?

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The **S.T.R.I.P.E.S.** application must be fully completed and **submitted no later than February 29th**. Please complete this reference form attesting to this student's potential for this program.

Math Teacher Recommendation

Date: _____

Applicant: (Last, First, MI) _____

Recommender's Name: _____ **Position/Title:** _____

TO THE RECOMMENDER:

The applicant named above is applying for a position in the STRIPES Program at the University of South Alabama. The purpose of the program is to develop students for careers in health sciences and health care.

Your candid completion of this recommendation is greatly appreciated. Your comments will be kept completely confidential.

How long and in what capacity have you known the applicant? _____

How do you rate the applicant in terms of: (Please answer YES or NO)	Accomplished in this area	Does well in this area	Performs adequately in this area	Requires reinforcement in this area	Not observed
Intellectual & Reasoning Ability					
Maturity/Attitude					
Responsibility					
Attention to Detail					
Oral/ Written Communication Skills					
Reliability					
Motivation and Effort					
Cooperation & Teamwork					

Please add your comments that speak to the applicant's potential performance as a student Scientist. Include such matters as previous accomplishments, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly and creatively, motivation, and scholarly potential. If you need additional space for your comments, you may staple extra paper to this form.

Please indicate your overall endorsement of the applicant:

_____ Endorse confidently _____ Endorse with reservations _____ Cannot endorse at this time

Recommender's Name (Print or type) _____ Title _____

School: _____

Address: _____ City: _____ State _____ Zip _____

Telephone Number: () _____ E-mail Address: _____

Signature _____ Date _____

Please send this form to:

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Office Use Only: Recommend interview ___ Yes ___ No

Date _____ Time _____

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Science Teacher Recommendation

Date: _____

Applicant: (Last, First, MI) _____

Recommender's Name: _____ **Position/Title:** _____

TO THE RECOMMENDER:

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Recommender's Name (Print or type) _____ Title _____

School: _____

Address: _____ City: _____ State _____ Zip _____

Telephone Number: () _____ E-mail Address: _____

Signature _____ Date _____

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Office Use Only: Recommend interview _____ Yes _____ No

Date _____ Time _____

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School Official Recommendation

Date: _____

Applicant: (Last, First, MI) _____

Recommender's Name: _____ **Position/Title:** _____

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School: _____

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Signature _____ Date _____

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