

JOHNS HOPKINS UNIVERSITY  
HOPKINS POSTBACCALAUREATE RESEARCH EDUCATION PROGRAM

**EDUCATIONAL GOALS**

\_\_\_\_\_ MD

\_\_\_\_\_ MD/PhD

\_\_\_\_\_ PhD

*Please type or print clearly*

**ADDRESS INFORMATION**

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

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Current Telephone: \_\_\_\_\_ Permanent Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ SS# (*last four digits*): \_\_\_\_\_

**EDUCATIONAL INFORMATION**

SchoolName: \_\_\_\_\_

Year/Level: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Advisor's Name \_\_\_\_\_ Department: \_\_\_\_\_

**DEMOGRAPHIC INFORMATION**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Citizenship: \_\_\_\_\_

Please indicate the group(s) listed below to which you belong:

Ethnic: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Racial Identifiers:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alaskan Native                   | <input type="checkbox"/> Indian/Pakistani         | <input type="checkbox"/> Other Pacific Islander           |
| <input type="checkbox"/> American Indian                  | <input type="checkbox"/> Japanese                 | <input type="checkbox"/> Puerto Rican (Mainland)          |
| <input type="checkbox"/> Black/African American           | <input type="checkbox"/> Korean                   | <input type="checkbox"/> Puerto Rican (Commonwealth)      |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Mexican American/Chicano | <input type="checkbox"/> Southeast Asian (not Vietnamese) |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Native Hawaiian          | <input type="checkbox"/> Vietnamese                       |
| <input type="checkbox"/> Hispanic/Other (including Cuban) | <input type="checkbox"/> Other Asian              | <input type="checkbox"/> White/Caucasian                  |

Disadvantaged Groups:

First Generation College \_\_\_\_\_ Low/moderate income

**STATEMENT**

Using a separate sheet, please describe your interest in the Hopkins Postbaccalaureate Research Education Program, including your science and research background, academic accomplishments and future science career plans and goals. *Please be sure to include your name on each page.*

**ACTIVITIES**

Using a separate sheet, please list significant extracurricular activities in which you have been involved. Include specific events or accomplishment in areas such as music, student government, publications, sports, science fairs, church or community activities, etc. List the Activity, Year of Participation, and Position Held and/or Honors Won.

**TRANSCRIPTS, RECOMMENDATIONS & DIPLOMA**

familiar with your scientific training and/or academic ability. A certified copy of your diploma will be required should you be selected to participate in this program. Send all materials to: Hopkins Postbaccalaureate Research Education Program, Att'n: Ms. Catherine L. Will, Manager, 1830 East Monument Street, Room 2-107, Baltimore, Maryland 21205.

**SIGNATURE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_