

**FACE SHEET for SUMMER CLINICAL RESEARCH APPLICATION: PREDOCTORAL CLINICAL RESEARCH TRAINING PROGRAM:**

**1. PERSONAL INFORMATION**

*Last Name* *First Name* *Middle*

*Email address* *Gender*  *Female*  *Male*

*Current Status (select one):*  MS 1  MS 2  MS 3  MS 4

*Ethnicity (check all that apply, at least one must be selected for NIH reporting purposes):*

- American Indian or Alaskan Native*  *African American*  *Asian American*  *Hispanic*  *White*  
 *Other (list \_\_\_\_\_)*

**2. PRIOR EDUCATION/TRAINING**

*Undergraduate School:* *Degree:* *Major:* *Dates:*

*Other School* *Degree* *Major* *Dates:*

**PERSONAL STATEMENT**

(Please write your personal statement in the space provided below, single spaced, 12 point font)