

# Student Application Brain Camp @ UCSF 2018

July 30<sup>th</sup> – August 4<sup>th</sup> 2018: Monday – Saturday, 8:30 am – 4:00 pm

**Application Deadline: February 15<sup>th</sup>, 2018**

**Directions:** Thank you for your interest in *Brain Camp @ UCSF* – we can't wait to get to know who you are! The Camp is free, for **current sophomores or juniors**, and for students who have achieved a **C or higher in a high school biology class**. Be sure to visit our website at [ilovebraincamp.org](http://ilovebraincamp.org) for more information!

This application consists of several short sections, and all of them need to be completed prior to the deadline on **February 15<sup>th</sup>, 2018**. We will notify you about the status of your application no later than **March 15<sup>th</sup>, 2018**.

Below, you'll find a handy application checklist. Please place a check-mark next to each item as you complete them.

## Application Checklist

- Applicant Information
- Paragraph statements
- Signed grade verification form
- Signed student commitment
- Signed parent/guardian permission

There are three ways to submit the completed application:

- (1) **Online** through the application link on our website [ilovebraincamp.org/student-application](http://ilovebraincamp.org/student-application)
- (2) **Fax** the completed application to (415) 502-6400.
- (3) **E-mail** the application to [cseo@ucsf.edu](mailto:cseo@ucsf.edu)
- (4) **Mail** the application to:

EAOP/UCSF  
Campus Box 0934  
San Francisco, CA 94143-0934

**Do you have questions?** We have answers if you **call** (415) 439-0436 or **email** us at [ilovebraincamp@gmail.com](mailto:ilovebraincamp@gmail.com).



**Applicant Information**

**Student's Full Name:** \_\_\_\_\_  
Last First Middle Initial

**Street Address or P.O. Box:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:**  Male  Female  Other **T-Shirt Size (XS, S, M, L, XL):** \_\_\_\_\_

**Dietary Restrictions (e.g. gluten-free, vegetarian):** \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**I have previously applied to Brain Camp:**  Yes  No  
**I have previously attended Brain Camp:**  Yes  No

**Ethnicity (check one or more):** *Information on ethnicity is used for demographic purposes only. The UCSF Center for Science and Education Opportunity is firmly committed to encouraging diversity in its programs.*

- |                                                             |                                                           |
|-------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> African American / Black           | <input type="checkbox"/> Pacific Islander                 |
| <input type="checkbox"/> American Indian / Alaskan Native   | <input type="checkbox"/> Vietnamese / Vietnamese American |
| <input type="checkbox"/> Chinese / Chinese American         | <input type="checkbox"/> White / Caucasian                |
| <input type="checkbox"/> East Indian / Pakistani            | <input type="checkbox"/> Other Asian                      |
| <input type="checkbox"/> Filipino / Filipino American       | <input type="checkbox"/> Other Spanish American / Latino  |
| <input type="checkbox"/> Japanese / Japanese American       | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Korean / Korean American           | <input type="checkbox"/> Decline to state                 |
| <input type="checkbox"/> Mexican/ Mexican American/ Chicano |                                                           |

**Primary Language(s) Spoken at Home:** \_\_\_\_\_

**Total Family Income:**

- |                                              |                                              |                                              |
|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Less than \$20,000  | <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> \$30,000 - \$39,999 |
| <input type="checkbox"/> \$40,000 - \$49,999 | <input type="checkbox"/> \$50,000 - \$59,999 | <input type="checkbox"/> \$60,000 - \$69,999 |
| <input type="checkbox"/> \$70,000 - \$79,999 | <input type="checkbox"/> \$80,000 - \$89,000 | <input type="checkbox"/> \$90,000 or greater |
| <input type="checkbox"/> Decline to state    |                                              |                                              |

**Highest Level of Education Completed:**

	Father/Guardian 1		Mother/Guardian 2		Student's Goal
Unknown or not available	<input type="checkbox"/>		<input type="checkbox"/>		
Never Attended School	<input type="checkbox"/>		<input type="checkbox"/>		
Finished Six Years or less	<input type="checkbox"/>		<input type="checkbox"/>		
Finished Junior High	<input type="checkbox"/>		<input type="checkbox"/>		
Attended some High School	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
High School Graduate (HS diploma)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
General Education diploma (GED)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Attended some College or University	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Associates of Arts (AA, AS, etc.)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Bachelor's Degree (BA, BS, etc.)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Master's Degree (MA, MBA, etc.)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Doctorate Degree (PhD, MD, EdD, etc.)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
College degree obtained outside U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If obtained outside U.S., country acquired?	_____		_____		

**Paragraph Statements**

We'd like to get to know *you* better. Please write or type one paragraph (maximum 150 words per paragraph) on *each* of the following questions on a separate piece of paper:

1. Why are you interested in Brain Camp at UCSF?
2. Tell us about a significant adversity or challenge in your life and how you overcame it.

**Grade Verification**

Please put the names of all high school science courses you have completed AND the letter grade you received for each below:

**Name of Course (grade)** [Example: Biology (B)]: \_\_\_\_\_

By signing below, I have verified that I have achieved a grade C or better in a biology or health sciences course in high school. I understand that the health professions require the highest degree of honesty and by signing below I seek to uphold that standard.

**Student Signature:** \_\_\_\_\_

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

**Student Commitment**

I understand that *Brain Camp at UCSF* is a program for exposure to the health sciences field, and if accepted, I intend to participate fully. I am committed to attending *Brain Camp at UCSF* on time each day and putting forth my best effort. If accepted, I understand that I must commit to the entire program, including orientation. Please check the following boxes:

- I will attend all six days of *Brain Camp at UCSF* from July 30<sup>th</sup> to August 4<sup>th</sup> from 8:30 am to 4:00 pm. Don't worry, lunch will be included.
- I have completed a high school biology or health sciences course with a C grade or higher.
- I will be able to find transportation to and from UCSF's Parnassus Campus (505 Parnassus Ave.).
- I will be able to attend **Orientation** on **July 25<sup>th</sup>, 2018** at **UCSF's Parnassus Campus** from **5:30 pm to 7:00 pm** with at least one guardian. Dinner will be provided. More information will be sent out prior to the orientation. Below please fill out the number of people attending (excluding yourself), their affiliation to you, and any dietary restrictions they may have.

**Number of guests** (excluding yourself): \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Dietary restrictions of guests** (e.g. none, vegetarian, gluten-free): \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

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

**Parent/Guardian Permission**

I give permission for my child to attend *Brain Camp @ UCSF*. I understand that, if accepted, **my child must commit to the entire program, including the program orientation. I personally commit to attending the parent/student program orientation on Wednesday, July 25th at 5:30 pm at the UCSF Parnassus Campus.** I will support my child's participation in *Brain Camp @ UCSF* and encourage my child to work hard and participate fully.

**Parent/Guardian Signature:** \_\_\_\_\_

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