

**UCSF Helen Diller Family Comprehensive Cancer Center CURE Research Internship  
Center for Science, Education & Outreach  
Application Deadline: Monday March 16, 2018**

**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 **T-Shirt Size:** \_\_\_\_\_ **Current Grade Point Average:** \_\_\_\_\_

**Did you take Biology?** Yes \_\_\_\_\_ No \_\_\_\_\_ **What was your grade?** \_\_\_\_\_

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

**Ethnicity** (please check one): *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.*

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|---|--|
| <input type="checkbox"/> (1) African American / Black             | <input type="checkbox"/> (9) Pacific Islander                  |
| <input type="checkbox"/> (2) American Indian / Alaskan Native     | <input type="checkbox"/> (10) Vietnamese / Vietnamese American |
| <input type="checkbox"/> (3) Chinese / Chinese American           | <input type="checkbox"/> (11) White / Caucasian                |
| <input type="checkbox"/> (4) East Indian / Pakistani              | <input type="checkbox"/> (12) Other Asian                      |
| <input type="checkbox"/> (5) Filipino / Filipino American         | <input type="checkbox"/> (13) Other Spanish American / Latino  |
| <input type="checkbox"/> (6) Japanese / Japanese American         | <input type="checkbox"/> (14) Other: _____                     |
| <input type="checkbox"/> (7) Korean / Korean American             | <input type="checkbox"/> (15) Decline to State                 |
| <input type="checkbox"/> (8) Mexican / Mexican American / Chicano |  |

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

**Total Family Income:**

- |  |  |  |
|--|--|--|
| (1) <input type="checkbox"/> Less than \$20,000  | (2) <input type="checkbox"/> \$20,000 - \$29,999 | (3) <input type="checkbox"/> \$30,000 - \$39,999 |
| (4) <input type="checkbox"/> \$40,000 - \$49,999 | (5) <input type="checkbox"/> \$50,000 - \$59,999 | (6) <input type="checkbox"/> \$60,000 - \$69,999 |
| (7) <input type="checkbox"/> \$70,000 - \$79,999 | (8) <input type="checkbox"/> \$80,000 - \$89,999 | (9) <input type="checkbox"/> \$90,000 or greater |

Highest Level of Education Completed:	Father/Guardian	Mother/Guardian	Student's Educational Goal
Unknown or not available	(UNK) <input type="checkbox"/>	(UNK) <input type="checkbox"/>	
Never Attended School	(000) <input type="checkbox"/>	(000) <input type="checkbox"/>	
Attended Six Years or less	(G06) <input type="checkbox"/>	(G06) <input type="checkbox"/>	
Attended Junior High School	(G07) <input type="checkbox"/>	(G07) <input type="checkbox"/>	
Finished Junior High	(G08) <input type="checkbox"/>	(G08) <input type="checkbox"/>	
Attended Some High School	(G11) <input type="checkbox"/>	(G11) <input type="checkbox"/>	(G11) <input type="checkbox"/>
High School Graduate (High School Diploma)	(G12) <input type="checkbox"/>	(G12) <input type="checkbox"/>	(G12) <input type="checkbox"/>
General Education Diploma (GED)	(GED) <input type="checkbox"/>	(GED) <input type="checkbox"/>	(GED) <input type="checkbox"/>
Attended Some College or University	(C01) <input type="checkbox"/>	(C01) <input type="checkbox"/>	(C01) <input type="checkbox"/>
Associates of Arts (AA, AS, etc.)	(C02) <input type="checkbox"/>	(C02) <input type="checkbox"/>	(C02) <input type="checkbox"/>
Bachelor's Degree (BS, BA, AB, etc.)	(C04) <input type="checkbox"/>	(C04) <input type="checkbox"/>	(C04) <input type="checkbox"/>
Master's Degree (MA, MBA, MS, etc.)	(GR2) <input type="checkbox"/>	(GR2) <input type="checkbox"/>	(GR2) <input type="checkbox"/>
Doctorate (PhD, MD, EdD, etc.)	(GR4) <input type="checkbox"/>	(GR4) <input type="checkbox"/>	(GR4) <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 degree obtained outside U.S., country acquired?	_____	_____	

**College Preparation:**

Have you participated in any college preparation or academic enrichment programs?  Yes  No

If yes, please describe: \_\_\_\_\_

**Personal Statement**

Please write a paragraph (maximum 150 words per paragraph) on *each* of the following questions on a separate piece of paper:

1. Why are you interested in this internship?
2. How do you expect this program to impact your future career and education goals?
3. As an internship participant, you will be a part of a team of researchers. In the past when you have worked on a group project, what was the most valuable lesson you learned by working as part of a team? What attributes would you bring to a group project and/or to the program to enhance the experience of other participants?

**Letter of Recommendation**

Please submit one letter of recommendation from a math, science, health teacher, or your counselor. Use the attached form or have them write a letter on school letterhead indicating how long they have known you, what class(es) you have taken with them, and why they think you are a good candidate for this internship.

**Student Commitment**

I understand that *the CURE internship* is a program for exposure to scientific research, and if accepted, I intend to participate fully. I am committed to attending *CURE* on time each day and putting forth my best effort. If accepted I understand that I must commit 400 hours to the program, including orientation and closing celebration.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Permission**

I give permission for my child to participate as a CURE Intern. I understand that, if accepted, **my child must commit 400 hours to the program, including the program orientation and the closing celebration. I personally commit to attending BOTH the parent/student program orientation( Date TBD), and the Closing Celebration on (Date TBD).** I will support my child's participation as a CURE Intern and encourage my child to work hard and participate fully.

Parent's/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send your completed application to us at:

**Don Woodson**  
CSEO/UCSF  
Campus Box 0934  
San Francisco, CA 94143-0934  
or FAX it to us at: 415-502-6400

- Complete application checklist:**
- \_\_\_\_\_ Application form
  - \_\_\_\_\_ Personal Statement
  - \_\_\_\_\_ Parent signature
  - \_\_\_\_\_ Teacher recommendation form
  - \_\_\_\_\_ Copy of transcripts

You may also Email the competed application at the email below. If you have any questions please email or call us at:

Email: Donald.woodson@ucsf.edu

Phone: 415-476-5353

# Teacher/Counselor Recommendation Form, CURE Internship

## TO BE COMPLETED BY STUDENT:

Student Name: _____	School Principal: _____
GPA: _____ on a scale of _____	Guidance Counselor: _____
High School: _____	School Phone: _____

## TO BE COMPLETED BY A TEACHER (SCIENCE, MATH, OR HEALTH) OR COUNSELOR:

*(Please use additional paper if necessary)*

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

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2. Do the student's grades reflect his/her ability and effort?

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3. Why would you recommend the applicant to be a CURE Intern?

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I know about the CURE Internship and am familiar with the above student applying for admission. I believe the above student would contribute to the diversity and quality of the Internship. This student has the maturity to work with other students in an academic environment. I hereby recommend this student for admission.

Name of Educator Recommending Student: \_\_\_\_\_

Teacher/Counselor Signature: \_\_\_\_\_ Grade in your class (if applicable): \_\_\_\_\_

Class you teach (if applicable): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**To the Student Applicant:**

**Please submit this completed Recommendation Form with your application by March 16, 2018**