

UCSF Early Academic Outreach Program
Program for Investigation and Training for Careers in Health
**Pharmacy *Nursing *Dentistry *Medicine *Graduate Division *Physical Therapy*
July 9 – July 27 Monday-Friday, 9:00am-4:00pm

Application Deadline: Monday April 2, 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:** _____

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.*

- | | |
|---|--|
| <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 250 words per paragraph) on *each* of the following questions on a separate piece of paper:

1. Why are you interested in taking part in *PITCH*?
2. How do you expect this program to impact your future career and education goals?
3. A group research project is part of the *PITCH* student experience. 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?
4. 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 SFUSD 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 program.

Student Commitment

I understand that *PITCH* is a program for exposure to the health sciences field, and if accepted, I intend to participate fully. I am committed to attending *PITCH* on time each day and putting forth my best effort. If accepted I understand that I must commit to the entire program, including orientation and closing celebration.

Student Signature: _____ **Date:** _____

Parent/Guardian Permission

I give permission for my child to attend *PITCH*. I understand that, if accepted, **my child must commit to the entire program, including the program orientation and the closing celebration. I personally commit to attending BOTH the parent/student program orientation on Thursday, June 21st at 6:00 p.m. and the Closing Celebration on Thursday, July 26th at 6:00 p.m.** I will support my child's participation in *PITCH* and encourage my child to work hard and participate fully.

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Parent's/Guardian Signature: _____ **Date:** _____

Please send your completed application to us at:

Emmanuel Padilla
EAOP/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

If you or you have any questions please email or call us at:

Email: Emmanuel.Padilla@ucsf.edu Phone: 415-476-9367

Teacher/Counselor Recommendation Form, UCSF PITCH Program

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?

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

3. Why would you recommend the applicant to the PITCH program?

I know about the PITCH program and am familiar with the above student applying for admission. I believe the above student would contribute to the diversity and quality of the PITCH program. 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 April 2nd.