

CURE Summer Research Internship Program

Application Deadline: Friday, March 10, 2023 11:59pm PST

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: _____

Current Grade Point Average: _____ (Please attach Unofficial Transcript)

Did you take Biology? Yes ____ **No** ____ **What was your grade?** _____

Did you take Chemistry? Yes ____ **No** ____ **What was your grade?** _____

School Name: _____ **Grade Level:** _____

School District: _____

Ethnicity: *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. ? Yes No Yes 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 200 words per paragraph) on *each* of the following questions on a separate piece of paper and attach it to the application:

1. Why are you interested in this internship?
2. How do you expect this program to impact your future career and education goals?

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 be prepared to commit 40 hours a week 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 be prepared to commit 40 hours a week 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 Name: _____

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

Please send your completed application to:

Chaney Saephan
1855 Folsom Street, Suite 548
Mission Center Building, Box 0934
San Francisco, CA 94143-0934

Complete application checklist:

- _____ Application Form
- _____ Personal Statement
- _____ Unofficial Transcript
- _____ Waiver of Liability & Risk Form
- _____ Photo Release Form
- _____ Recommendation Form

You may also email your completed application to CURE@ucsf.edu.

Student's Full Name:

[Empty box for Student's Full Name]

University of California, San Francisco

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

Center for Science, Education and Outreach CURE Summer Research Internship Program

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Student's Age (if minor) Vol Waiver 7/01



Photo Release Form

I understand the photograph(s) or video or audio recording(s) taken of me by agents, employees or representatives of The Regents of the University of California (hereinafter called "the University") may be used in connection with the University's dissemination of information by its public service and academic programs to the general public.

I hereby irrevocably authorize the University to copy, exhibit, publish or distribute any and all such images and audio of me or wherein I appear, including composite or artistic forms and media, for purposes of publicizing University programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness appears.

I hereby hold harmless and release and forever discharge the University from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Event Title: **Center for Science, Education & Outreach (CSEO): CURE Summer Research Internship Program**

(If the person signing is under 18, the following will need to be completed by that person's parent or guardian:)

I hereby certify that I am the parent or guardian of _____, the minor named above, and do hereby give my consent without reservations to the foregoing on behalf of this person.

(Parent/Guardian Signature) (Date)

(Parent/Guardian Printed Name) (Relationship to Minor - i.e. Father, Mother, Aunt)

(Student Signature) (Date)

(Student Printed Name) (Street Address)

(City, State, Zip Code)

Recommendation Form

Who can be a recommender?

- Teacher, counselor, other school administration, mentor or employer

How to submit:

1. Email completed Recommendation Form to: CURE@ucsf.edu
or
2. Mail-in completed Recommendation Form to:
Chaney Saephan
1855 Folsom Street, Suite 548
Mission Center Building, Box 0934
San Francisco, CA 94143-0934

Due by Friday, March 10, 2023 at 11:59pm PST

Recommender's First and Last Name: _____

Recommender's Email Address: _____

Student First and Last Name: _____

Name of High School Student is Attending: _____

What is your role/relationship to the student?

- Teacher
- Counselor
- Other: _____

How long have you known the student?

- Less than 1 year
- 1-2 years
- 2-3 years
- 3+ years

How would you rate the student's:

	Poor	Acceptable	Very Good	Excellent	N/A
Commitment to academics					
Time management					
Attendance/Punctuality					
Ability to take initiative					
Enthusiasm for learning					

Recommendation Form

- 1. What are the student's strengths?**
- 2. What are the student's growth areas? What support will they need to be successful in this summer internship?**
- 3. How will this summer research internship benefit the student? How will it impact their college and career goals?**
- 4. Is there anything else you would like to share about the student?**