



APPLICATION FOR 2023 CIRC PROGRAM
Summer Research Program June 12 - August 18, 2023
Ongoing Transfer Support August 21, 2023-May 31, 2024



Instructions: Please complete the entire application electronically. Sign and email the completed documents to circprogram@cdrew.edu

Last Name _____ First Name _____ Middle Initial _____ Gender: F ___ M ___ Non-Binary _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell No: _____ E-mail: _____

Date of Birth: _____ Place of Birth: _____

Community College Currently Attending: _____

Current Year/Classification: _____

First Semester Total GPA: _____ First Semester Science/Math GPA: _____

Have you taken at least one of these college courses in the domains listed below: Yes ___ No ___

If yes, please select all that apply.

- Oral Communication _____
- Written Communication _____
- Critical Thinking _____
- Mathematics/Quantitative Reasoning _____

Information on Applicant Background:

1. Did either of your parents or legal guardians complete a bachelor's degree? _____
2. Were or are you currently eligible for Federal Pell grants? _____
3. Were you eligible for the Federal Free and Reduced Lunch Program for two or more years? _____
4. Do/did you receive support from the Special Supplemental Nutrition Program for Women, Infants and Children? _____
5. Were or are you currently homeless? _____
6. Were or are you currently in the foster care system? _____
7. Please indicate which racial/ethnic groups you identify with:
 - Hispanic/Latinx _____
 - Black/African American _____
 - American Indian/Alaska Native _____
 - Native Hawaiian or other Pacific Islander _____
 - Other (Specify) _____
8. Do you come from an educational environment such as that found in certain rural or inner-city environments that has demonstrably and directly inhibited you from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career? _____
9. Do you identify as an individual with disabilities, defined as those with a physical or mental impairment that substantially limits one or more major life activities?

If yes, please elaborate _____

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In Case of Emergency Please Notify

Name _____ Telephone No. _____ Relationship _____

Academic Information:

What community college science or mathematics courses have you taken or are currently taking? Please list: _____

Please list extracurricular activities (include school, community, health and/or church related): _____

Did you have any leadership role in these activities, if so please describe: _____

Have you ever worked on a research project? Yes No

If yes, what was the name of the project; who was the researcher you worked with; where was the research done; and was the research published? _____

Are you planning to transfer to a 4-year college/university? Yes No

If yes, when do you plan to transfer to a 4-year college/university? _____

If yes, please list at least 3 colleges/universities you are interested in transferring to:

If No, please tell us what your plans are after community college:

Please rate your research area of interest (1=lowest 4=highest)

Epidemiology/Biostatistics _____

Community Health _____

Health Policy/Health Services _____

Laboratory/Basic Science (for example, genetics, proteomics, metabolomics) _____

If you are interested in another type of research experience, please list/describe: _____

