TRIBAL UNDERGRADUATE RESEARCH TRAINING AND LEARNING EXPERIENCE (TURTLE)
SUMMER 2014 APPLICATION FORM

Please print or type.

APPLICANT'S CONTACT INFORMATION

Name of Applicant: (last name, first name, middle initial) ___________________________________________

Mailing Address: __________________________________________________________ Apt. No. ______________

City __________________ State _____ Zip ________ Tel. No. Home ____________________________

E-Mail address: ___________________________________ Cell ________________________

Permanent address (if different from above): _______________________________________________

Emergency Contact (Name, Contact Information, Relationship): ________________________________

___________________________________________________________________________________

APPLICANT'S ACADEMIC INFORMATION

List high school(s) and college(s) attended

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree</th>
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Current College: ________________________________ Expected Graduation Date (MM/YY) _________

Current academic level (Fr, So, Jr, Sr): _____________________________________________________

Academic honors, if any: __________________________________________________________________

Indicate Grade Point Average (GPA) and scores for the following:

  GPA Overall _______
  GPA last semester _______ Hours completed last semester ____________
  SRA _______ ACT _______ SAT _______

When did you begin college? ______ Fall ______ Spring ______ Summer ______ Year

Anticipated major subject area: _____________________________________________________________
Demographic information required by HRSA

Please check where appropriate:  Male ___ Female ___
U.S. Citizenship:  Yes___ No___
Permanent Resident Alien:  Yes ___ No ___
Applicants who are biracial or multiracial may check more than one designation as appropriate.
White/Caucasian ___ American Indian ___ Native Alaskan ___ Native Hawaiian ___
African American/Black ___ Asian American ___ Pacific Islander ___ Hispanic/Latino ___

Will you be the first person in your family to graduate from college?  Yes___ No___
Date of Birth___
Number of Dependents ____ Ages____________________________

If you have a disability and require an accommodation, please contact Dr. Jacque Gray at the UND School of Medicine and Health Sciences:

jacqueline.gray@med.und.edu or at (701) 777-6084

List the name, address and phone number of two instructors familiar with your scientific abilities. Ask them to send a letter of recommendation to Dr. Van A. Doze, at the address below or as an e-mail attachment.

1. ________________________________________________________________________________
   ________________________________________________________________________________

2. ________________________________________________________________________________
   ________________________________________________________________________________

APPLICATION CHECKLIST

_____ Contact and academic information sections completed.
_____ Two letters of recommendation.
_____ Transcripts attached (issued-to-student), or _____ Will be mailed directly from school.
_____ Autobiographical sketch completed.

Applicant’s Signature: ______________________________ Date: __________________________

Transcripts may be issued to student or mailed directly from school. Please return completed application to:

Dr. Van A. Doze, NSF-REU
University of North Dakota School of Medicine
501 N. Columbia Rd. Stop 9037
Grand Forks, ND, 58202-9037
or FAX to (701) 777-4490
email: van.doze@med.und.edu

Application deadline and program dates can be found at www.ndinbre.org/opportunities/TURTLE.

If you have any questions, please contact Dr. Jacque Gray at the UND School of Medicine and Health Sciences: jacqueline.gray@med.und.edu or at (701) 777-6084.
In your own words, please discuss your academic plans, noteworthy scholarly achievements, career interests and objectives, work experience, community involvement and personal interests. Please also discuss how you learned about this program and why you are interested in participating. Also indicate why you wish to pursue a career in the sciences, including teaching. If you need more space, attach additional pages. Please print or type (three-page limit, font size no smaller than 10 point).
Please return to:

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University of North Dakota School of Medicine
501 N. Columbia Rd. Stop 9037
Grand Forks, ND, 58202-9037
or FAX to (701) 777-4490
email: van.doze@med.und.edu

Student's Name: ____________________________________________
Your Name: ________________________________________________
Your Position: ______________________________________________
Your Signature: ____________________________________________  Date: ______________________

How long have you known the applicant? __________________________
In what manner have you known the applicant? __________________________

Please include your opinion of the applicant's interests and skills in science, potential for selecting a career in the sciences, as well as your opinion of his/her academic skills. Use additional pages if necessary.
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