

Tribal Undergraduate Research Training & Learning Experience

TURTLE 2016

Summer 2016 Application Form • Deadline April 8th

Please send all application materials (hard copy) to:

Seven Generations Center of Excellence in Native Behavioral Health
501 North Columbia Road Stop 9037
Grand Forks, ND 58202-9037

Or E-mail the application materials to: info@sgcoe.org

APPLICANT'S CONTACT INFORMATION

Name: _____

Address: _____

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

| Name | Location | Dates Attended | Degree |
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Current College: _____ Expected Graduation Date (/)

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 _____

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

Applicant Age: _____ Number of Dependents: _____ Ages: _____

If you have a disability and require an accommodation, please contact Dr. Van Doze (van.doze@med.und.edu), Department of Pharmacology, Physiology & Therapeutics, University of North Dakota (701) 777-6222.

RECOMMENDATION LETTER

Please provide a letter of recommendation on your behalf from an academic advisor, instructor, or community member who is familiar with your academic work or research (form attached below). Please indicate from whom we will be expecting this form:

Please return letters of recommendation 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
van.doze@med.und.edu

AND

Dr. Jacque Gray
University of North Dakota School of Medicine
501 N. Columbia Rd. Stop 9037
Grand Forks, ND, 58202-9037

TRANSCRIPTS

Transcripts may be issued to student or mailed directly from school.

Please return completed application to:

Dr. Jacque Gray
University of North Dakota School of Medicine
501 N. Columbia Rd. Stop 9037
Grand Forks, ND, 58202-9037

APPLICATION CHECKLIST

1. Contact and academic information sections completed
2. Two letters of recommendation
3. Transcripts:
 - Attached (issued-to-student),
 - Will be mailed directly from school
4. Autobiographical sketch completed

PERSONAL STATEMENT: SHORT ESSAY QUESTIONS

Answer each of the following questions in paragraph format. (Approximately 150 words each).

1. Describe your academic interests and plans. What research (if any) have you completed in the field of behavioral health? What subjects do you hope to research or study in the field of behavioral health? What career do you hope to ultimately pursue?

2. As a future behavioral healthcare professional, how do you hope to address behavioral healthcare disparities in your community or in other American Indian communities?

3. What have you learned about the TURTLE program, and why are you interested in applying? What do you hope to learn or gain from participation in the TURTLE program?

4. Describe one of the major challenges you have faced as a student and how you overcame it?

5. Finally, describe a situation in which you have demonstrated leadership or outstanding academic achievement.

TURTLE SUMMER 2016 APPLICATION FORM LETTER OF RECOMMENDATION

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.



Seven Generations
Center of Excellence
in Native Behavioral Health