ExStRM Program
(Exposing Students to Regenerative Medicine)

Application for 2026 ExStRM Program
June 15 - August 07, 2026*

Instructions: Please complete the entire application. Make sure you review your application and ensure all sections are complete and have the require signatures before submission. We will need an official transcript and two (2) letters of recommendation to consider your application complete.

Last Name_____ First Name _____ Middle Initial____Social Security No. (Last 4 digits)_____

Mailing Address: _____City: _____ State:_____ Zip: _____

Cell Phone No.: _____

Date of Birth: _____ Place of Birth:_____

Height:_____ Weight:_____ E-mail:_____

High School Currently Attending:_____ Current Year: _____

School Address: _____ Total GPA:_____Science GPA:_____

What Science Courses have you taken or are currently taking? Please list:_____

_____

Do you have any prior knowledge of regenerative medicine including stem cells or gene therapy? ☐Yes ☐No
If yes, please share your knowledge of this topic:

_____

_____

_____

_____

Please check one of the following (Gender Identity):
☐ Female
☐ Male
☐ Non-binary/ Non-conforming
☐ Transgender
☐ Prefer not to respond

Will you be a first-generation college student?
☐ Yes
☐ No

Please answer the following (Ethnicity):
1) Please select one
☐ Hispanic or Latino
☐ Not Hispanic or Latino

2) Select all the apply
☐ American Indian or Alaska Native
☐ Asian
☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Korean ☐ Japanese
☐ Vietnamese ☐ Other Not Listed: _____
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other not listed (Please specify below): _____

What is your household income?
☐ $0- $30,000 ☐ $31,000-$60,000 ☐ $61,000- $90,000 ☐ $91,000- $120,000 ☐ $120,000+

In Case of an Emergency Please Notify

Name: _____ Telephone No.: _____ Relationship: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Name of Legal Guardian: _____ Occupation: _____

No. of Brothers:_____ Ages: _____

No. of Sisters:_____ Ages: _____

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

Are you interested in a Health Profession Career? ☐Yes ☐No

If yes, which Health Profession Career?_____

What area(s) of health research are you interested in pursuing? Why?

Have you ever worked on a scientific 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? _____

Do you have any health disabilities that we should be aware of? If yes, please list.

Do you have health insurance? ☐Yes ☐ No

If yes, please provide the following information:

Provider:_____ Policy No._____ Telephone No._____

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Application Essay: Please type an essay of 450-550 words on: **Why would you like to be involved in this program?**

Fill out the application electronically, save and print the copy; sign the original, scan and email copies of the required materials to: exstrm@cdrewu.edu

Required Document

1. Official Transcript (sent directly from school)
2. Two Letters of Recommendation - One letter must be from Faculty Member (Teacher or Counselor)
3. Application Essay- no more than 550 words.

All documents must be received no later than February 15th

If you have any questions, please feel free to e-mail Ms. Elizabeth Delgado at exstrm@cdrewu.edu

I certify that all the information submitted in this application has been carefully reviewed, is my own work and is factually true.

Signature:_____ Date:_____

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