



ExStRM Program

(Exposing Students to Regenerative Medicine)



Application for 2024 ExStRM Program
June 17 - August 14, 2024*

Instructions: Please complete the entire application. Save it, print a hard copy, sign it and scan and email the document to me after you have completed it. We will need official transcript and two (2) letters of recommendation should also be emailed to the email addresses provided on this application.

Last Name _____ First Name _____ Middle Initial _____ Social Security No. (Last 4 digits) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ Cell No: _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ E-mail: _____

High School Currently Attending: _____ Current Classification: _____

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

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): _____

Will you be a first-generation college student?

- Yes
- No

What is your household income?

- \$0- \$30,000 \$31,000-\$60,000 \$61,000- \$90,000 \$91,000- \$120,000 \$120,000+ Prefer not to answer

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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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. Personal Statement- no more than 550 words.

All documents must be received no later than March 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: _____