VCU Center on Health Disparities Research Training Programs Central Application Instructions

Select a program:

After carefully reviewing the programs offered through the Virginia Commonwealth University Center on Health Disparities, please select the program that you would like to submit an application for. Please remember that each program has specific age and grade requirements and no exceptions will be made regarding this issue.

Applicant information:

Fill in the information regarding the applicant in this area. Please list an email address that you check often.

How did you hear about our program?

Use this section to let us know how you learned about the VCU Center on Health Disparities Research Training Programs. Please use the space marked "Other" if you feel that an appropriate description is not listed and describe how you found out about the Research Training Programs.

How would you describe your current neighborhood?

Select the answer that best describes your current neighborhood. Please use the space marked "Other" if you feel that an appropriate description is not listed.

Family information:

All participants, including those over the age of 18, are required to fill out this information regarding legal guardian or parental contact information. Please provide the following information for your legal guardian or parent: address where they will be able to receive mail, a current daytime phone number, information regarding the highest level of education completed, and an e-mail address, if available. Note that there is space available for information about two parent/legal guardians. Please check "not applicable" in the second section if you are from a single-parent household.

Sibling information:

Provide information regarding your siblings in this section. This information will only be used to send information to your family should a sibling qualify for a VCU Center on Health Disparities Research Training Program.

Citizenship:

Indicate whether or not you are a U.S. citizen or permanent resident. If you are not a U.S. citizen, please provide information regarding your Visa type and expiration date. Only U.S. Citizens, Permanent Resident or Non-Citizen Nationals are eligible for our Research Training Programs.

Ethnicity:

Select the option that you feel best describes you.

Race:

Select the option that you feel best describes you.

Family income:

Use this section to provide the most accurate and up-to-date information regarding your total family income. Please note that for some programs this information is required and may be subject to verification.

Grant information:

Indicate whether you have received or qualified for any of the student loans or grants indicated in this section.

Disadvantaged:

Indicate whether you consider yourself economically, educationally or socially disadvantaged. If "yes", please explain your answer. Please note that an answer to this question may not be more that 250 words long.

Personal Statement:

Applicants to high school and college level programs are **required** to fill out this section. It is recommended to use this section to reference your educational and career goals, and indicate why you feel that you are qualified for the program you have selected. For all programs, this personal statement will be reviewed by an admissions committee to determine whether or not you will be accepted into a program.

Previous Research Experience:

Please fill out this section to tell us about your previous research experience.

Veteran Status:

Please use this section to tell us about your Veteran Status, if applicable.

Education:

Indicate the education or grade level that the applicant will be in as of September 1. Please do not provide information regarding your current grade level in this box. Once this is completed, please indicate all of the educational institutions that you have attended, or are still attending, at this time.

All students requiring transcripts:

Please note that the information supplied in this section *will not* serve as your official transcripts. You will still need to request official transcripts from your school's registrar or records office and have them sent to our office. *Transcripts must be received by the application deadline date, or your application will not be reviewed.*

All programs requiring letters of reference:

Two letters of reference must be received by the application deadline for programs. Please check with your program coordinator to find out specific requirements regarding letters of reference.

Supplemental materials:

All supplemental materials must be received by the application deadline. Supplemental materials are mailed to: VCU Center on Health Disparities Research Training Programs PO Box 980501 Richmond, VA 23298-0501

Academic honors and awards:

List all academic awards and honors in the space provided.

Volunteer activities, school organizations, work experience:

List any and all experience here, whether or not it is related to health careers. Please make sure to provide the company and/or organization's name and phone number so the information supplied can be verified if necessary. In the space provided, briefly describe what your specific responsibilities or activities were.

Test scores:

Report all applicable test scores in this section.

References:

Students applying to VCU Center on Health Disparities Research Training Programs must supply the names and phone numbers of two references. One reference must be an academic and/or professional reference.

Certification:

For the purpose of submitting this application, an electronic certification will be used. Checking the box in this section will serve as your signature that all information provided in the application is true to the best of your knowledge. Please note that if any information is found to be untrue, your application may not be submitted for further review. This section also certifies that you acknowledge that all information provided in the application will not be sold to a third party, and that the information supplied will be stored in a database and used for evaluation and assessment of the programs. The completed application will be shared with a selection committee for review. It is required to certify your application in order for it to be submitted.

Optional contact recipient:

Checking the "yes" box in this section will acknowledge that you are interested in receiving additional information regarding other VCU Center on Health Disparities Programs.