



## U-RISE Student Application

Application For: U-RISE

Date\_\_\_\_\_

### Personal Information

Full Name\_\_\_\_\_ Complete Date of Birth\_\_\_\_\_

Student I.D. No.\_\_\_\_\_ Last 4 Digits of Social Security Number\_\_\_\_\_

Home Address\_\_\_\_\_ Street, City, State, Zip Code

CSUN Email address\_\_\_\_\_

Other Email address\_\_\_\_\_

Cell Phone Number\_\_\_\_\_ Home Phone Number\_\_\_\_\_

### Citizenship/Permanent Resident

(Program participants **MUST BE** Citizens, Citizen Nationals or Permanent Residents)

I attest, under penalty of perjury, that I am (please initial one of the following):

A citizen of the United States

A noncitizen national of the United States (Persons born in American Samoa, certain former citizens of former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad)

Permanent U.S. Resident\_\_\_\_\_ Please provide ID No.

### Ethnicity

American Indian/Alaskan Native  
African/Black American  
Chicano (Mexican American)

Filipino  
Latino  
Pacific Islander

Other Asian  
Vietnamese  
Other\_\_\_\_\_

### Undergraduate Academic Information (you must compute your GPA)

Institution\_\_\_\_\_ Major\_\_\_\_\_ Minor\_\_\_\_\_

LEVEL Freshman Sophomore Junior Senior

Total Units/Overall GPA\_\_\_\_\_ Major Science Units/GPA\_\_\_\_\_ Transfer Units/GPA\_\_\_\_\_

Expected Date of Graduation:\_\_\_\_\_

Long Term Professional Goals:

**Complete the following questions:**

**Program Participant** - Do you currently participate in or have you participated in any of the following programs?  
(Y/N) Include dates of participation. Provide details on separate page as needed.

LSAMP	BUILD	RIMI
MEP	MAS	Other federally Funded program
RISE	College Honors	State or University Funded Program

Other (explain: \_\_\_\_\_)

Are you PELL eligible?      YES      NO (If you don't know FIND OUT. Do not leave unanswered)

Parent's educational Level:

Mother:      Did not complete HS      Finished HS      Some College      BA/BS  
                 MS/MA      Ph.D.      MD      Other Professional Degree \_\_\_\_\_

Father:      Did not complete HS      Finished HS      Some College      BA/BS  
                 MS/MA      Ph.D.      MD      Other Professional Degree \_\_\_\_\_

Are you a current member or participant in any CSUN sports activities?      Y      N  
If so, please name \_\_\_\_\_

Are you a current member or participant in any CSUN music or theatre arts activities?      Y      N  
If so, please name \_\_\_\_\_

Are you currently involved in any off-campus or on-campus research or volunteer activities?      Y      N  
Please describe. \_\_\_\_\_

***The U-RISE program is geared to undergraduates who are interested in biomedical research and who wish to earn graduate degree (Ph.D.). We would like to know about your relevant interests and experiences. Please keep this in mind as you complete in essays below. There are five prompts please respond to each of them clearly delineate your responses to each of the prompts.***

**Essay Section** Please attach responses **FOR EACH ESSAY** to your application. (1,500 Character limit, each essay)

To be completed by UNDERGRADUATE applicants for UNDERGRADUATE positions.

1. Describe your previous research experience and involvement in project(s) and what you learned from these experiences. Include dates and any publications or presentations that have or may have resulted from your work and papers under review or in press.
2. Describe any other personal attributes, abilities, or work experiences that you would like us to include in our consideration of your application.
3. If your grades do not reflect your academic potential, please explain.
4. Attach a short essay about your career objectives and why you wish to participate in this program.
5. Discuss your potential contribution to enhance the diversity of the academic or scientific workforce. Please state your basis for claiming that your particular type of diversity, or minority status, or ethnic or economic status is absent in the academic or scientific workforce.

Attach a copy of your transcripts from each of colleges that you have attended.

## Letters of Recommendation

Please submit two letters of recommendation using the attached forms. Please select referees that know you academically or professionally. List the two people whom you have requested to send forms or letters to the program on your behalf. Please include their email address and phone number.

1. \_\_\_\_\_
2. \_\_\_\_\_

I understand that the U-RISE program is funded for the purpose of supporting undergraduate students interested in careers in basic biomedical research. If I am seeking a medical degree or clinical degree, I will not apply. I further understand that my personal commitment to the program is: U-RISE 10-15 hours per week, and 30- 40 hours per week during the summer and interim months. If I cannot meet this commitment, I will notify the program office immediately. I will also notify the Program Director as soon as my career goals change from research, and I will forfeit my fellowship or support.

If accepted to the program, I will provide professional and educational updates to the program for 10 years.

I know I must be a US Citizen, Citizen National or Permanent Resident to participate in the U-RISE program. Non-Citizens and individuals who are not permanent residents are not eligible to participate in either program.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

*Selection is based on eligibility requirements, academic merit, potential for success in graduate (Ph.D.) programs, prior research experience and the strength of your essays.*

**Return application to:**

**EMAIL [csunmore@csun.edu](mailto:csunmore@csun.edu) (preferred method)**

or

**Dr. Maria Elena Zavala, Director U-RISE and Bridges Programs  
California State University, Northridge  
18111 Nordhoff Street  
Northridge, CA 91330-8303**

**Thank you** for your application. **Be sure** to include the following:

- 1. Application**
- 2. Essays (total of 5)**
- 3. College Transcript(s)**
- 4. Report of GRE SCORES (if taken)**

Please have your confidential letters of recommendation sent to address given above.

## NIH Diversity Statement

Please read the information in the following link:

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html>

Using the parameters given in the NIH's Statement on Diversity, please let us know how you fit within the description of underrepresented in basic Biomedical research as defined by the NIH. Check all that apply.

- A. Individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis (see data at <http://www.nsf.gov/statistics/showpub.cfm?TopID=2&SubID=27>) and the report [Women, Minorities, and Persons with Disabilities in Science and Engineering](#)).
- B. Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities, as described in the [Americans with Disabilities Act of 1990, as amended](#). See NSF data at, <https://www.nsf.gov/statistics/2017/nsf17310/static/data/tab7-5.pdf>.
- C. Individuals from disadvantaged backgrounds
- D. Women from the above backgrounds (categories A, B, and C)

