

Wake Forest Summer Program 2021 Student Application

Applicant Information

Full Name: _____ Date: _____
First M.I. Last

Address: _____
Permanent Mailing Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Dietary Restrictions:

Have you attended any of our summer programs in the past?: Yes No

Demographic Data

Birthdate: _____ Gender: Female Male
Ethnicity: African American (not of Hispanic origin) Hispanic/Latino/Latina
Please Select all that apply
 Asian/Pacific Islander Native American/Alaskan Native
 Caucasian (not of Hispanic origin) Other (specify) _____

**For data collection regarding health professions shortage purposes. This information is a requirement of the US Department of Health and Human Services. This is not used as a criterion for selection.*

Education

Present Grade Level: _____

Name of School Presently Attending: _____

School Address: _____

School Phone Number: _____

Name of High School Scheduled to attend in the Fall: _____

Your Parent or Guardian Information

Full Name(s) of Parent/Guardian: _____
First M.I. Last

First M.I. Last

Address of Parent/Guardian: _____
Permanent Mailing Address Apartment/Unit #

City State ZIP Code

Phone of Parent/Guardian: Home/Mobile: _____ Work: _____

Parent Email(s) _____

Highest Level of Education: _____

**Wake Forest Summer Program 2021
Student Application**

Disclaimer and Signature

STUDENT AND PARENT/GUARDIAN COMMITMENT: WE UNDERSTAND THAT STUDENTS APPLY TO ATTEND WAKE FOREST MEDICAL SCHOLARS AS AN OPTIONAL SCHOOL ACTIVITY. WE UNDERSTAND THAT WITH ACCEPTANCE, SATISFACTORY BEHAVIOR, CONDUCT, ACADEMIC PROGRESS, AND REGULAR ATTENDANCE IS MANDATORY FOR CONTINUED PARTICIPATION IN WAKE FOREST MEDICAL SCHOLARS. WITH THAT ACCEPTANCE ALSO COMES THE RESPONSIBILITY TO MAINTAIN A MATURE, PROFESSIONAL APPEARANCE. DUE TO CONTACT WITH HEALTH CARE FACILITIES AND PERSONNEL, A HIGHER STANDARD OF APPEARANCE IS EXPECTED. WE AGREE TO ABIDE BY ALL SCHOOL POLICIES, INCLUDING THE SUMMER PROGRAM POLICIES.

Student's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

IMPORTANT: PLEASE REFER TO THE PROGRAM PAMPHLET FOR THE APPLICATION REQUIREMENTS AND THE MATERIALS TO BE ENCLOSED WITH THIS APPLICATION.

For further details or questions please contact – Delia Rhodes at drhodes@wakehealth.edu

Application Deadline:

Applications must be received no later than: July 1, 2021

Please fill out and submit your application electronically or send to:

Office of Student Inclusion and Diversity
Wake Forest School of Medicine
475 Vine Street Winston-Salem, NC 27101
sid@wakehealth.edu

Wake Forest School of Medicine is committed to abide by all local, state and national laws, and to administer all educational and employment activities without discrimination because of race, color, religion, national origin, age, marital status, physical handicap, or sex (except where sex is a bona fide occupational qualification or statutory requirement).

Wake Forest Summer Program 2021

Personal Essay

Please submit your personal essay outlining your career goals and why you want to participate in our summer program in the box below.