

**Application to
National Institutes of Health
CCSF/SMCCD/San Francisco State University
Bridges to the Baccalaureate Program**

Please fill out and submit the **completed 3-page application**. Fill in all the blanks; write n/a if an answer is not applicable to your situation. **Applications with blank fields will not be accepted.** PLEASE PRINT

Sex: female male **Date of Birth:** ___/___/___ **DATE:** _____

Current School Student ID: _____ **Social Security:** _____

Name _____
(Last) (First) (Middle)

Address _____
(No.) (Street) (Apt. #)

City _____ **ZIP** _____

E-mail Address _____

Cell Phone: _____ **Home Phone:** _____ **Work Phone:** _____

Ethnicity: Write all ethnicities with which you self-identify:

Eligible students must be US citizens or permanent residents and be able to provide documentation of their status

Residency Status: U.S. Citizen Permanent Resident
 Non-Resident Residency Application Pending

Educational History

Current College _____ **Major** _____ **GPA** _____

First Semester: Fall 20 ____ Spring 20 ____ **Anticipated Transfer Year** _____

College Transcript Attached Yes No **Transcript Consent Form Signed** Yes No
(See 3rd page of application)

Other college(s) attended/prior degree(s) (if applicable):

Institution	Major	Dates	Degree
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High School Name: _____ **City** _____

H.S. GPA **Confirmed:** Yes No **SAT Scores:**

All information requested is required.

Employment

Will you be or are you currently working? Yes No **Hours per week:** _____

Employer: _____ **Work telephone #** _____

Dates: from _____ to _____ **Position:** _____

Career Objectives

Anticipated College Major _____

Anticipated Career _____

Anticipated Transfer School (s) _____

Anticipated Advanced Degree Objective (s): PhD MD PharmD DDS

Other degree objective (s): _____

Essay Questions – Submit as Page 4

Please give thoughtful answers to the questions that follow. On a separate piece of paper type you answers; use no more than two (2) single sided pages; attach to this application.

1. What excites you about science?
2. What is your career goal at present? Why does this career appeal to you?
3. How do you think that this program will help you in reaching your career goal?
4. The success of the program depends on cooperative effort among all participants. What strengths and skills do you bring to the program that you can share with other students?

**Return completed application materials no later than March 1 every year
After that date, applications will only be considered if positions remain unfilled.**

Return the completed application and a copy of your unofficial transcripts to:

NIH-Bridges to the Baccalaureate Program
Dr. Tania Beliz, Program Coordinator
Department of Biology-CSM
BLDG 36-205A
beliz@smccd.edu

In addition, email a copy of your application and transcript to

Dr. Steve Weinstein, NIH-Bridges Program Director
Department of Biology
San Francisco State University
weinst@sfsu.edu
phone: 415-338-1843

Required Authorization to Obtain Unofficial Transcripts

If I am accepted into the NIH-Bridges Program, I hereby authorize my community college to release my unofficial undergraduate transcript(s) to Bridges Program personnel whenever it is needed, until I transfer to a 4-year institution. I understand that this information will be used by program personnel to assess my academic progress, advise me and to evaluate program effectiveness.

My Social Security number is: _____

My Student Identification number is: _____

I attend: _____

Signature: _____ Date: _____

Print name: _____