

Brain Camp @ UCSF

July 31st – August 4th 2017: Monday – Friday, 8:30 am – 4:00 pm

Application Deadline: March 15th, 2017

Directions: Thank you for your interest in *Brain Camp @ UCSF* – we can't wait to get to know who you are! The Camp is free, for **current sophomores or juniors**, and for students who have achieved a **C or higher in a high school biology class**. Be sure to review the sample itinerary also located on the EAOP website for more information.

This application consists of several short sections, and all of them need to be completed prior to the deadline on **March 15th, 2017**. We will notify you about the status of your application no later than **April 1st, 2017**.

Below, you'll find a handy application checklist. Please place a check-mark next to each item as you complete them.

Application Checklist

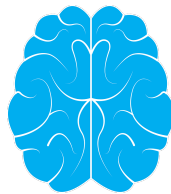
- Applicant Information
- Paragraph statements
- Signed student commitment
- Signed parent/guardian permission
- Signed grade verification form

There are three ways to turn in the completed application:

- (1) **Email** eaop@ucsf.edu. In the subject line of your email please include "Attn: Brain Camp" and your last name.
- (2) **Fax** the completed application to (415) 502-6400.
- (3) **Mail** the application to:

EAOP/UCSF
Campus Box 0934
San Francisco, CA 94143-0934

Do you have questions? We have answers if you **call** (415) 439-0436 or **email** us at ucsfbraincamp@gmail.com. Please do not submit your application at this email address – only use eaop@ucsf.edu to submit your application.



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Applicant Information

Student's Full Name: _____
Last First Middle initial

Street Address or P.O. Box: _____

City/State/Zip: _____ **Phone:** _____

E-mail Address: _____ **Date of Birth:** _____

Gender: Male Female Other **T-Shirt Size (XS, S, M, L, XL):** _____

Dietary Restrictions (e.g. gluten-free, vegetarian): _____

School Name: _____ **Grade Level:** _____

Ethnicity (please check one): *Information on ethnicity is used for demographic purposes only. The UCSF Center for Science and Education Opportunity is firmly committed to encouraging diversity in its programs.*

- (1) African American / Black
- (2) American Indian / Alaskan Native
- (3) Chinese / Chinese American
- (4) East Indian / Pakistani
- (5) Filipino / Filipino American
- (6) Japanese / Japanese American
- (7) Korean / Korean American
- (8) Mexican / Mexican American / Chicano
- (9) Pacific Islander
- (10) Vietnamese / Vietnamese American
- (11) White / Caucasian
- (12) Other Asian
- (13) Other Spanish American / Latino
- (14) Other: _____
- (15) Decline to State

Primary Language(s) Spoken at Home: _____

Total Family Income:

- (1) Less than \$20,000
- (2) \$20,000 - \$29,999
- (3) \$30,000 - \$39,999
- (4) \$40,000 - \$49,999
- (5) \$50,000 - \$59,999
- (6) \$60,000 - \$69,999
- (7) \$70,000 - \$79,999
- (8) \$80,000 - \$89,999
- (9) \$90,000 or greater

Highest Level of Education Completed:	Father/Guardian	Mother/Guardian	Student's Educational Goal
Unknown or not available	(UNK) <input type="checkbox"/>	(UNK) <input type="checkbox"/>	
Never Attended School	(000) <input type="checkbox"/>	(000) <input type="checkbox"/>	
Attended Six Years or less	(G06) <input type="checkbox"/>	(G06) <input type="checkbox"/>	
Attended Junior High School	(G07) <input type="checkbox"/>	(G07) <input type="checkbox"/>	
Finished Junior High	(G08) <input type="checkbox"/>	(G08) <input type="checkbox"/>	
Attended Some High School	(G11) <input type="checkbox"/>	(G11) <input type="checkbox"/>	(G11) <input type="checkbox"/>

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High School Graduate (High School Diploma)	(G12) <input type="checkbox"/>	(G12) <input type="checkbox"/>	(G12) <input type="checkbox"/>
General Education Diploma (GED)	(GED) <input type="checkbox"/>	(GED) <input type="checkbox"/>	(GED) <input type="checkbox"/>
Attended Some College or University	(C01) <input type="checkbox"/>	(C01) <input type="checkbox"/>	(C01) <input type="checkbox"/>
Associates of Arts (AA, AS, etc.)	(C02) <input type="checkbox"/>	(C02) <input type="checkbox"/>	(C02) <input type="checkbox"/>
Bachelor's Degree (BS, BA, AB, etc.)	(C04) <input type="checkbox"/>	(C04) <input type="checkbox"/>	(C04) <input type="checkbox"/>
Master's Degree (MA, MBA, MS, etc.)	(GR2) <input type="checkbox"/>	(GR2) <input type="checkbox"/>	(GR2) <input type="checkbox"/>
Doctorate (PhD, MD, EdD, etc.)	(GR4) <input type="checkbox"/>	(GR4) <input type="checkbox"/>	(GR4) <input type="checkbox"/>
College degree obtained outside U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If degree obtained outside U.S., country acquired?	_____	_____	

Paragraph Statements

We'd like to get to know *you* better. Please write or type one paragraph (maximum 150 words per paragraph) on *each* of the following questions on a separate piece of paper:

1. Why are you interested in Brain Camp at UCSF?
2. Tell us about a significant adversity or challenge in your life and how you overcame it.

Student Commitment

I understand that *Brain Camp at UCSF* is a program for exposure to the health sciences field, and if accepted, I intend to participate fully. I am committed to attending *Brain Camp at UCSF* on time each day and putting forth my best effort. If accepted, I understand that I must commit to the entire program, including orientation. Please check the following boxes:

- I will attend all five days of *Brain Camp at UCSF* from July 31st to August 4th from 8:30 am to 4:00 pm. Don't worry, lunch will be included.
- I have completed a high school biology or health sciences course with a C grade or higher.
- I will be able to find transportation to and from UCSF's Parnassus Campus (505 Parnassus Ave.).
- I will be able to attend **Orientation** on **July 19th, 2017** at **UCSF's Parnassus Campus** from **5:30 pm to 7:00 pm** with at least one guardian. Dinner will be provided. More information will be sent out prior to the orientation. Below please fill out the number of people attending (excluding yourself), their affiliation to you, and any dietary restrictions they may have.

Number of guests (excluding yourself): _____

Relationship to you: _____

Dietary restrictions of your guests (e.g. none, vegetarian, gluten-free): _____

Student Signature: _____

Date: _____

Parent/Guardian Permission

I give permission for my child to attend *Brain Camp @ UCSF*. I understand that, if accepted, **my child must commit to the entire program, including the program orientation. I personally commit to attending the parent/student program orientation on Wednesday, July 19th at 5:30 pm at the UCSF Parnassus Campus.** I will support my child's participation in *Brain Camp @ UCSF* and encourage my child to work hard and participate fully.

Parent's/Guardian Signature: _____ Date: _____

Grade Verification

Please put the names of all high school science courses you have completed AND the letter grade you received for each below:

Name of Course (grade) [Example: Biology (B)]: _____

By signing below, I have verified that I have achieved a grade C or better in a biology or health sciences course in high school. I understand that the health professions require the highest degree of honesty and by signing below I seek to uphold that standard.

Student Signature: _____ Date: _____