

The J. David Gladstone Institutes
Scholarship
2010 Applicant Information Sheet

Deadline: March 22, 2010

Applicant Information

Student's Full Name: _____
Last First Middle Initial

Phone: _____

Ethnicity

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: _____

Parents/Guardian Education:

What is your parent or guardian's highest level of education? (please check one)

- Did not graduate from high school
- High school graduate
- Some college but no Bachelor's degree
- 4-year college graduate or higher

Relationship to you: _____

If Applicable, What is your other parent or guardian's highest level of education? (please check one)

- Did not graduate from high school
- High school graduate
- Some college but no Bachelor's degree
- 4-year college graduate or higher

Relationship to you: _____

College Preparation:

Have you participated in any college preparation or academic enrichment programs? Yes No

If yes, please describe: _____

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Student Commitment

I understand that the *Gladstone/NSLC* is a program for exposure to the health sciences field, and if accepted, I intend to participate fully. If accepted, I understand that I must commit to the entire program, including orientation and closing celebration.

Student Signature: _____ Date: _____

Parent/Guardian Permission

I give permission for my child to attend the *Gladstone/NSLC Program*. I understand that, if accepted, my child must commit to the entire program, including program orientation and closing celebration. I will support my child's participation in the *Gladstone/NSLC Program* and encourage my child to work hard and participate fully.

Parent's/Guardian Signature: _____ Date: _____

Please send your completed application by **Monday, March 22, 2010** to:

**Dan Oshiro, VP for Administrative Affairs
The J. David Gladstone Institutes
1650 Owens Street,
San Francisco, CA 94158-2261**

FAX: 415-355-0820

Complete application checklist: (4 forms including this one):

- ____ Registration Form
- ____ Gladstone Scholarship Application Form (Essay Questions)
- ____ Counselor/Teacher Recommendation Form
- ____ Application Information Sheet (this form)