



2018 Summer Institute Application Form

(Six-week summer program for applicants in 7th to 12th grades)

Program Dates: June 11th – July 20th

Please Submit Applications AFTER January 1st, 2018

DEADLINE is March 1st, 2018

SECTION A

Application Requirements Checklist

The following must be submitted by the applicant and the Recommenders of the applicant in order to have a complete application and be considered for the INMED Summer Institute Program

- NOTE: This form must be signed on page 4 by the applicant AND parent/guardian**

- Completed Application Form (See Section B-J, pages 2-12)

- Official academic transcript to be sent from your school. Submit transcript only after January 15th when 1st semester **OR** 2nd quarter transcripts are available.

- Typed & Signed** Autobiographical Sketch (See Section F, page 3)

- Three** letters of recommendation with completed Recommendation Form submitted by **the Recommender/Reference**. Letter writers should know you and be able to talk about how they think you will do in Summer Institute. A letter writer may not be a family member but could be a teacher, a counselor, a coach, a school administrator, etc. You should give each letter writer one INMED Letter of Recommendation Form (Section J) signed by you and your parent/guardian. (See Section J, pages 7-12)

- Documentation of tribal enrollment and/or descendency from a federally recognized tribe

- Signed Press Release Form (See Section H, page 5)
(This is not required to participate in Summer Institute Program)

- Signed Photograph Release Form (See Section I, page 6)
(This is not required to participate in Summer Institute Program)

SECTION B

Demographic Information

Current Grade in school (please circle) - 7 8 9 10 11 12 Date of Birth: ___/___/___

Have you ever attended INMED Summer Institute: ___ No ___ Yes

Year(s) attended: (ex. 2010, 2011) _____ Gender: F M

Name: _____
(Last) (First) (MI) (Nickname)

Home Address: _____
(Box or Street Address)

(City) (State) (Zip Code)

Home Phone: _____ Student Cell Phone: _____

Student Email: _____

Other Address (please explain): _____
(Box or Street Address)

(City) (State) (Zip Code)

Additional Contact Person: _____ Home/Cell Phone: _____

*I am an ENROLLED MEMBER or a DESCENDENT (circle one) the _____
_____ Tribe and Reservation. (REMEMBER TO ATTACH DOCUMENTATION)

SECTION C

Emergency Contact

Please list information for individual to contact in case of an emergency:

Name: _____ Relationship to applicant: _____

Phone: _____ Alt. Phone: _____ E-Mail: _____

SECTION D

Parent/Guardian Information

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed ___ Separated

	Father/Guardian Information	Mother/Guardian Information
Name		
Address		
City/State/Zip		
Home Phone		
Personal Email Address		
Place of Employment & Job Title		
Work Phone Number & Ext.		
Cell Phone Number		

SECTION E

School Counselor Information

(Name)

(School)

(Phone)

(Fax)

SECTION F

Autobiographical Sketch

In a **typed essay** using Times New Roman or Arial, font size 12, double spaced, using 250 words or less for each question, please tell us about the following information that pertains to you:

1. Yourself (i.e. family, spirituality, culture, personality, character, education, hobbies/interests)
2. Involvement in your tribal community
3. Educations and career goals
4. Extra-curricular activities / Volunteerism
5. Other educational programs you've been a participant of (i.e. STEM)
6. Why you want to participate in the INMED Summer Institute Program
7. What you hope to achieve by becoming an INMED participant

Once completed please sign and date your typed autobiographical sketch and send it in along with your application form.

NOTE: Only typed autobiographical sketches following the above directions will be accepted and considered as complete

SECTION G

Signatures

I certify that all information provided is true and correct to the best of my knowledge. I understand the INMED Program will use this information solely for the purpose of determining participant eligibility and student tracking.

Applicant's Signature: _____ Date: _____

Parental / Guardian Signature required for all Summer Institute Applications

By signing, I certify that I am the person responsible for this applicant. I certify that all information provided is true and correct to the best of my knowledge. I understand the INMED Program will use this information solely for the purpose of determining participant eligibility and student tracking.

Parent/Guardian Name (please print): _____

Relationship to Applicant: _____

Parent/Guardian Signature: _____ Date: _____

Return to:

University of North Dakota School of Medicine and Health Sciences
Indians Into Medicine, E263
1301 North Columbia Road Stop 9037
Grand Forks, ND 58202-9037

Questions or additional information, please call:
Brittany Belgarde, Program Coordinator
(701)777-3093 OR
email: inmed@med.und.edu

Or email applications to: inmed@med.und.edu Applications must be postmarked by March 1st.

2018 INMED Summer Institute Program Dates June 11th – July 20th, 2018

SECTION H

Press Release

Press Releases are written for special events (e.g. SI Graduation, Presentations, Activities, Award Banquet) and students are names in the release.

Student Signature

Date

Parent/Guardian Signature

Date

Press releases can be sent to hometown newspapers or to the newspaper published for the city where your parents reside. Please list the name and locations of any newspapers where you would like the release to be sent: (You may list more than one newspaper.)

NAME OF NEWSPAPER

LOCATION (City, State)

Return all forms to:

University of North Dakota School of Medicine and Health Sciences

Indians Into Medicine, E263

Attn: Susan Holden

1301 N Columbia Rd Stop 9037

Grand Forks, ND 58202-9037

Reviewed: 11/22/2017

SECTION I

Photograph Release

I hereby grant to the University of North Dakota (“University”) the perpetual right to use, reproduce, exhibit, display, broadcast, distribute and create derivative works of University-related photographic or video recorded images of me. This grant includes, without limitation, the right to publish such images in the University’s student newspaper, alumni magazines, on the University’s Web site, and on public relations/promotional materials, such as marketing and admissions publications. These images may appear in any of the wide variety of formats and media now available to University and that may be available in the future, including but not limited to print, video, and electronic/online media.

I understand that some photographs of enrolled students may be considered educational records under the Family Educational Rights and Privacy Act of 1974 (FERPA), and that by granting this Release I hereby give University my consent to use such educational records for the purposes set forth above.

I hereby waive any right to royalties or other compensation arising from or related to the use by University of the images, and I waive any claim of ownership over any image or copyright therein.

I, the undersigned participant, affirm that I am at least 18 years of age and am freely signing this agreement. If not 18 years of age, a parent or legal guardian must sign and state relationship to the attending student. I have read this form and terms of this release.

If only one parent/guardian signature appears below, I warrant that I am authorized to act on behalf of the non-signing parent or guardian.

Name of Participant (Please print): _____

Signature of Participant: _____ Date: _____

Name of Parent(s)/Guardian(s) (Please print): _____

Signature of Parent(s)/Guardian(s): _____ Date: _____

SECTION J

INMED Letter of Recommendation Form

THIS SECTION IS TO BE FILLED OUT BY STUDENT & PARENTS/GUARDIANS

Print Full Name of Student/Applicant:

Waiver of Access to Letters of Recommendation

To Be Completed by the Student/Parent or Legal Guardian and sent in By the Recommender with their Letter of Recommendation and Forms. Note: Waivers of access to letters of recommendation are *optional* and *voluntary*. INMED requests waivers, but will not deny admission, awards, employment, or any service or other benefit to students who fail to supply waivers. However, individual recommenders may choose to make the recommendation conditional on a signed waiver of access.

Print Full Name of Recommender:

(Name)

By signing below, I agree to waive my right to access and examine, now or at any time in the future, the letter of recommendation (or copies) and recommendation other forms written by the recommender named above.

Student Signature

Date

Parent/Guardian Signature

Date

FOR RECOMMENDER:

The Indians Into Medicine Summer Institute Program (INMED SI), is a six week highly intense academic enrichment program for 7TH – 12TH graders who focus in a collegial setting at the University of North Dakota in the subjects of Biology, Chemistry, and Physics with labs, Health, Math, and Research and Presentations in Communications. During INMED SI, students also stay in college dorms, are supervised by counseling staff, and have health and wellness activities to include but not limited to field trips to advance their educational aspects of INMED SI.

A student must be committed to completing the six week program with the intention of advancing their academic pathway toward a career in the health or medical field and to matriculate into college. As a recommender we request you to be truthful and candid about the applicant's ability to perform in the six week academic enrichment and collegial setting.

Recommender can be a counselor, teacher, coach, etc. but not a relative of the applicant. Recommender must submit the following:

1. A **typed recommendation using 500 words or less** to describe:
 - a) How have you come to know and what is your relationship to the applicant?
 - b) Why are you recommending this applicant for the INMED Summer Institute Program?
 - c) What are some attributes you feel are important for us to know about the applicant?
 - d) How do you think this applicant will benefit from our academic enrichment program?
 - e) Any academic, behavioral, needs, or other concerns for the applicant our program should consider? **The typed recommendation letter must be completed, signed, and submitted to INMED by the Recommender (NOT the student) via E-mail or Mail by March 1, 2018. (See end of form)** If these documents are not received from the Recommender by this date the student's application will not be considered complete.

Please share more about the student's characteristics listed below:

Category	Outstanding	Good	Average	Below Average	Unable to Assess
Inquisitive: questioning attitude/needs to know why					
Persistent: stays with tasks, integration toward long-term goals.					
Self-Starter: highly motivated, independent worker, self-directed, pursues individual interests.					
Desire to Achieve: is eager to successfully accomplish goals.					
Disciplined Work Habits: turns in assignments in a timely manner.					
Respect: Takes responsibility for actions, shows respect for teachers and peers.					
Leadership: shows maturity/emotional ability, leads when needed or appropriate.					
Ethical: honest and knows right from wrong					
Adaptability: can adapt to new environments and personalities.					
Behavior: acts and behaves appropriately, able to follow rules and policy without incident					

Overall Rating (circle one)	Highly Recommend	Strongly Recommend	Recommend	Not Recommend
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Recommend with reservations: **Please explain:** _____

Recommender Info:

Your Name (Printed): _____	
Place of Employment: _____	Your Position: _____
Applicant's Name: _____	
How do you know the applicant? _____	Length of Time You Have Known Applicant: _____
Telephone: _____	E-mail: _____
SIGNATURE	DATE

Return Recommendation Letter & this signed form to:

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 Indians Into Medicine, E 263
 1301 North Columbia Rd Stop 9037
 Grand Forks, ND 58202-9307

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Disciplined Work Habits: turns in assignments in a timely manner.					
Respect: Takes responsibility for actions, shows respect for teachers and peers.					
Leadership: shows maturity/emotional ability, leads when needed or appropriate.					
Ethical: honest and knows right from wrong					
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Overall Rating (circle one)	Highly Recommend	Strongly Recommend	Recommend	Not Recommend
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Recommend with reservations: **Please explain:** _____

Recommender Info:

Your Name (Printed): _____	
Place of Employment: _____	Your Position: _____
Applicant's Name: _____	
How do you know the applicant? _____	Length of Time You Have Known Applicant: _____
Telephone: _____	E-mail: _____
SIGNATURE	DATE

Return Recommendation Letter & this signed form to:

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