

# 2026 SUMMER INSTITUTE APPLICATION FORM

## Five-Week Summer Enrichment Program

Program Dates: 6/8–7/10/2026\*

Banquet Date: July 9th, 2026

Application Deadline 3/15/2026



\* Students arrive to UND 6/7/2026



### SECTION A

#### Application Requirements Checklist

In order to be considered, the following materials must be completed and returned. This is a competitive application process, and not all applicants will be accepted into the program.

- ☐ Completed Application Form
- ☐ Official academic transcript to be sent from your school. Submit transcript only when 1st semester **OR** 2nd quarter grades are available.
- ☐ Typed & signed autobiographical sketch
- ☐ Two 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 signed by you and your parent/guardian.
- ☐ Documentation of tribal enrollment and/or descendency from a federally recognized tribe
- ☐ **Application acknowledgment, press release and photo release signatures (both applicant AND parent/guardian must sign)**



## SECTION B

### Demographic Information

What school grade will you complete during the 2025–2026 school year?

(please click) 7      8      9      10      11      12

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever attended INMED Summer Institute: Yes      No

Year(s) attended: (ex. 2010, 2011) \_\_\_\_\_

Gender: F      M

Name: \_\_\_\_\_  
(Last) (First) (MI) (Preferred Name)

Mailing Address: \_\_\_\_\_  
(Box or Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_

Physical Address (please explain): \_\_\_\_\_  
(Box or Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Has any of your immediate family attended INMED Summer Institute? Yes      No

If you attend college or university after high school graduation, will you be a first generation college student? Yes      No

\*I am an ENROLLED MEMBER or a DESCENDANT (circle one) the \_\_\_\_\_

\_\_\_\_\_ Tribe and Reservation. (REMEMBER TO ATTACH DOCUMENTATION)

## SECTION C

### Additional Contacts

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

**Contact 1 must be legal parent and/or guardian to applicant:**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Box or Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Contact 2:**

Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Box or Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

## SECTION D

### Parent/Guardian Information

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 or Administrator Information

(Name)	(School)
(Phone)	(email address)

## SECTION F

### Autobiographical Sketch

In a typed essay, please tell us about yourself. Include information about the following:

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

Essay parameters: Three (3) pages maximum, double spaced, Times New Roman/Arial, 12 point font.

Once completed please sign and date your typed autobiographical sketch.

*NOTE: Only typed autobiographical sketches following the above directions will be accepted.*



## SECTION G

**INMED Summer Institute is a five-week, in-person program.**

### 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: \_\_\_\_\_

### Email completed applications to:

inmed.si@UND.edu

### Or return by mail:

University of North Dakota School of Medicine & Health Sciences

Indians Into Medicine, E251

1301 North Columbia Road Stop 9037

Grand Forks, ND 58202-9037

701.777.3037

**Applications must be received or postmarked by March 15, 2026.**

## 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)

---

---

---

---

---

---

## 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: \_\_\_\_\_

#### Return all forms to:

inmed.si@UND.edu

#### Or return by mail:

University of North Dakota School of Medicine & Health Sciences  
Indians Into Medicine, E251  
1301 N Columbia Rd Stop 9037  
Grand Forks, ND 58202-9037



# 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: \_\_\_\_\_

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 five week academic enrichment program for 7<sup>th</sup> – 12<sup>th</sup> graders at the University of North Dakota. Courses may include Biology, Chemistry, and Physics with labs; Health; Math; and research and presentations in Communications. During INMED SI, students stay in college dorms, are supervised by counseling staff, and have health and wellness activities that may include field trips to advance the educational aspects of the program.

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

A 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) What are some attributes that you feel are important for us to know about the applicant?
  - b) How do you think this applicant will benefit from our academic enrichment program?
  - c) Any academic or behavioral needs, or other concerns for the applicant that 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 15, 2026. (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.

# LETTER OF RECOMMENDATION FORM

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 longterm 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

Highly Recommend      Strongly Recommend      Recommend      Not Recommend

**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:

email: inmed.si@UND.edu

Phone: 701.777.3037

University of North Dakota School of Medicine & Health Sciences

Fax: 701.777.3277

Indians Into Medicine, E251

1301 North Columbia Rd Stop 9037

Grand Forks, ND 58202-9307

# 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: \_\_\_\_\_

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 five week academic enrichment program for 7<sup>th</sup> – 12<sup>th</sup> graders at the University of North Dakota. Courses may include Biology, Chemistry, and Physics with labs; Health; Math; and research and presentations in Communications. During INMED SI, students stay in college dorms, are supervised by counseling staff, and have health and wellness activities that may include field trips to advance the educational aspects of the program.

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

A 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) What are some attributes that you feel are important for us to know about the applicant?
  - b) How do you think this applicant will benefit from our academic enrichment program?
  - c) Any academic or behavioral needs, or other concerns for the applicant that 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 15, 2026. (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.



# LETTER OF RECOMMENDATION FORM \\\\\\\\\\\\\\\\\\\\'

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 longterm 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

Highly Recommend      Strongly Recommend      Recommend      Not Recommend

**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:

email: inmed.si@UND.edu

Phone: 701.777.3037

University of North Dakota School of Medicine & Health Sciences

Fax: 701.777.3277

Indians Into Medicine, E251

1301 North Columbia Rd Stop 9037

Grand Forks, ND 58202-9307