

INDIANS INTO MEDICINE

University of North Dakota School of Medicine & Health Sciences



2020-2021 COLLEGE LEVEL APPLICATION

Section I: Demographic Information

CONTACT INFORMATION:

Name: _____
Last First Middle Initial

Date of Birth: ____/____/____ Age: _____ Gender: Female Male EMPLID: _____
MM DD YYYY

Mailing Address: _____
Box or Street Address

City State Zip Code

Home Phone: _____ Work Phone: _____ Ext.: _____

Cell Phone: _____ Email: _____

Permanent Address: Check if same as mailing address.

Box or Street Address

City State Zip Code

Permanent Telephone: _____ Who's Phone: _____

STUDENT INFORMATION:

Name of Tribe and Reservation: _____

Please Check One: I am an enrolled member of a federally recognized tribe I am a descendent

Student's Marital Status: _____ Age of student's children (if any): _____

If married, spouse's name: _____
Last First Middle Initial

Spouse's work phone: _____ Ext.: _____ Spouse's Cell Phone: _____

SECTION II: Application Requirements Checklist

THE FOLLOWING ITEMS ARE REQUIRED TO BE AN INMED STUDENT:

- Completed INMED Application Form
- Documentation of tribal enrollment and/or descendency from a federally recognized tribe

SECTION III: Academic Information Part I

CURRENT LEVEL:

- Check One:
- Undergraduate Level
 - Allied Health Professional Level

Tell us if the following items and processes have been met and/or need to be done?

UNDERGRADUATE LEVEL:

- Applied to UND Admissions Done Need to do
- Applied for UND Housing Office Done Need to do
- Applied for UND Financial Aid Done Need to do

Specify your chosen major:

_____ [e.g. Pre-academic programs (pre-nursing), math or science majors, etc.]

ALLIED HEALTH PROFESSIONS:

Professional Level

- Applied directly to my UND chosen college Done Need to do

Specify your chosen major:

_____ [e.g. Clinical Lab Science (CLS), SWK, Nursing, Psych, etc.]

SECTION IV: Academic Information Part II

- What semester will/did you enter UND? Fall Spring Summer Winter Year: _____
- Current year (level) in college, please check: Fr So Jr Sr Graduate

	School Name	Address	Program/Major	Grad Date/Dates Attended
High School				
Tribal College 1				
Tribal College 2				
College/University 1				
College/University 2				
Technical College				
Other				

SECTION V: 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 and scholarships.

Applicant's Name (Please Print): _____

Applicant's Signature: _____

Date: _____

Return to:

University of North Dakota School of Medicine & Health Sciences

Indians Into Medicine, E263

1301 North Columbia Road Stop 9037

Grand Forks, ND 58202-9037

Questions or additional information, please call:

701.777.3093 or email: inmed@UND.edu

SECTION VI: 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): _____

Participant's Signature: _____

Date: _____

SECTION VII: Press Release

Press Releases are written for special events (e.g. Scholarships, Honorary Ceremony, Graduation, etc.) and students are names in the release.

Name

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 & Health Sciences
Indians Into Medicine, E161
1301 N Columbia Rd Stop 9037
Grand Forks, ND 58202-9037