

# INDIANS INTO MEDICINE

University of North Dakota School of Medicine & Health Sciences



## 2021-2022 MEDICAL SCHOOL APPLICATION



Application Deadline: November 1, 2021

### Section I: Demographic Information

#### CONTACT INFORMATION:

Name: \_\_\_\_\_  
Last First Middle Initial

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Female  Male  
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 Note: Applicants must provide a copy of enrollment in a U.S. Federally Recognized Tribe.

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: Tribal Letter of Recommendation

The purpose of the tribal letter of recommendation is to help INMED determine mission fit. It will be used to assess your tribal connection and or connection to any other US federally recognized tribe. You may obtain a letter from a tribal representative who serves in tribal government, tribal health care, and or any other tribal entity.

### LETTER WRITERS SHOULD INCLUDE THE FOLLOWING:

- Relationship to the applicant
- Description of the applicant's attributes that make him or her an ideal candidate for medical school and a career in medicine.
- Your observation and or knowledge of the applicant's tribal /cultural involvement in a tribal community, tribal health care, and or other cultural activities.
- Length of time you have known the applicant.

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## SECTION III

### I AM APPLYING FOR ADMISSION TO (PLEASE CHECK ONE):

- University of North Dakota School of Medicine & Health Sciences (UNDSMHS)
- University of South Dakota Sanford School of Medicine (USDSSOM)
- Both Schools (UND & USD)

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## SECTION IV: Academic Information

Undergraduate Major: \_\_\_\_\_ Primary Medical Interest: \_\_\_\_\_

	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				

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## SECTION V: Additional Information

Tell us if the following items and processes have been met or if you need information or assistance with:

UND/USD Housing Office:  Done  Need to do  Not Applicable

Indian Health Service (IHS) Scholarship:  Done  Need to do  Not Applicable

Other Financial Aid Applied for: \_\_\_\_\_

## SECTION VI: Autobiographical Sketch

Tell us about yourself and how you would like the INMED Program to help you meet your academic goals on a word document. In addition, please include your responses to the following:

1. In narrative description, please give us examples of how your Native American culture has influenced your decision to become a Medical Doctor.
2. Tell us about your cultural involvement in your tribal community or outside of it.

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## SECTION VII: 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 and Health Sciences  
Indians Into Medicine, E161  
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](mailto:inmed@UND.edu)

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## SECTION VIII: Press Release

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

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

## SECTION IX: 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 X: Application Information Release

I hereby grant permission for any and all information pertaining to my application for admission and participation in the admissions process at the University of North Dakota School of Medicine and Health Sciences to be shared with INMED (Indians Into Medicine) advising staff for the duration of the relevant application year/cycle.

Name of Applicant (Please Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_