

# INDIANS INTO MEDICINE

University of North Dakota School of Medicine & Health Sciences



## 2021 Med Prep Application

**Program Dates: June 7 - July 16, 2021\***

**Application Deadline: April 30, 2021**

\*Dates subject to change in order to ensure COVID safety measures are observed



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

Last 4 digits of Social Security Number: \_\_\_\_\_

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: \_\_\_\_\_  
Box or Street Address

City State Zip Code

Permanent Telephone: \_\_\_\_\_

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: \_\_\_\_\_

Name of Tribe and Reservation: \_\_\_\_\_

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

### ACADEMIC INFORMATION:

Year (Level) in college, please check:  Junior  Senior  Graduate  Other

**ACADEMIC INFORMATION (CONTINUED):**

	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				

**AUTOBIOGRAPHICAL SKETCH**

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

1. Examples of how your American Indian culture has influenced your decision to become a medical doctor.
2. Your cultural involvement in your tribal community or outside of it.
3. How you believe INMED can help you to achieve your personal, professional, and academic goals.

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

**APPLICATION REQUIREMENTS**

The following items are required:

- Completed INMED Application Form
- Autobiographical Sketch
- Official academic transcript
- Documentation of tribal enrollment and/or descendency from a federally recognized tribe
- Two letters of recommendation (Employers/Professors)

**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: \_\_\_\_\_

**Return to:**

inmed@med.UND.edu

If you have questions, please call: 701.777.3464

**or by mail:**

University of North Dakota School of Medicine & Health Sciences  
Indians Into Medicine, E161  
1301 North Columbia Road Stop 9037  
Grand Forks, ND 58202-9037