

INDIANS INTO MEDICINE

University of North Dakota School of Medicine and Health Sciences



2020 OCCUPATIONAL THERAPY APPLICATION



Applications are available July 1. Deadline is January 2.

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: _____
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 Note: Applicants must provide a copy of Enrollment in a U.S. Federally Recognized Tribe

FOR STATISTICAL PURPOSES / PLEASE COMPLETE THE FOLLOWING:

Parents' Marital Status: Single Married Divorced Widowed Separated

	Father's Information	Mother's Information
Name		
Address		
City/State/Zip		
Home Phone		
Place of Employment		
Job Title		
Work Phone Number/Ext.		
Education Level Completed		

Age(s) of Brother(s): _____ Age(s) of Sister(s): _____

THE FOLLOWING INFORMATION IS FOR INMED FEDERAL GRANT PURPOSES:

Type of School You Attended:

- Indian Boarding School
- Rural, on reservation or near reservation
- Rural, off reservation
- Urban, non-Indian school
- Urban, Indian school

Personal Information, check/answer all that apply:

- Grew up in a single parent household
- Grew up in home of extended family, ex: grandparents, uncles, aunts, etc.
- Number of brothers and sisters (list number)
- High school only offered very limited college preparatory courses
- First generation to graduate from four-year college
- Primary language spoken in the home is/was not English
- Break in formal education process, number of years: _____
- Type of pre-college entrance exam and scores: _____
- Member of federally-recognized tribe
- Low-income status (check if your parents' family income is at or less than the following table)

ACADEMIC INFORMATION:

Undergraduate Major: _____ and Major: _____

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

- UND Housing Office: Done Need to do Not Applicable
- Indian Health Service (IHS) Scholarship: Done Need to do Not Applicable

Other Financial Aid Applied for: _____

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: _____



APPLICATION REQUIREMENTS / CHECK-OFF

- Occupational Therapy Application Submitted Electronically through the Graduate School
- INMED Application
- American Indian Federal Enrollment Documentation

Mail all other forms 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

For questions or additional information, you are welcome to write or call:

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
701.777.3093
inmed@UND.edu

FOR INMED STAFF USE ONLY

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Student invited to interview: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student accepted interview: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student declined interview: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student offered UNDSMHS slot: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student accepted UNDSMHS slot: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student declined UNDSMHS slot: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Student on alternate list: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Assigned advisor: _____

Date entered in database: _____

Entered by: _____