2019 OCCUPATIONAL THERAPY APPLICATION

Applications are available July 1. Deadline is January 2.

Name: 

Date of Birth: _______ / _______ / _______  
Age: _______  
Gender: ☐ Female ☐ Male

Mailing Address: 

City State Zip Code

Home Phone: ____________________  
Work Phone: ____________________  
Ext.: ______

Cell Phone: ____________________  
Email: __________________

Permanent 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, E263
1301 North Columbia Road Stop 9037
Grand Forks, ND 58202-9037
701.777.3093
inmed@UND.edu

FOR INMED STAFF USE ONLY

<table>
<thead>
<tr>
<th>Student invited to interview:</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>Assigned advisor: ________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student accepted interview:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Date entered in database: _________________________</td>
</tr>
<tr>
<td>Student declined interview:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>Entered by: _______________________________________</td>
</tr>
<tr>
<td>Student offered UNDSMHS slot:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>Student accepted UNDSMHS slot:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>Student declined UNDSMHS slot:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>Student on alternate list:</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>