2020 SUMMER INSTITUTE
APPLICATION FORM

Six-week summer program for applicants in 7th to 12th grades

Program Dates: June 8 – July 17, 2020
Please Submit Applications AFTER January 1, 2020
DEADLINE is March 1, 2020

SECTION A
Application Requirements Checklist

The following must be submitted by the applicant and the Recommenders of the applicant in order to have a complete application and be considered for the INMED Summer Institute Program

☐ NOTE: This form must be signed on page 4 by the applicant AND parent/guardian

☐ Completed Application Form (See Section B-J, pages 2-12)

☐ Official academic transcript to be sent from your school. Submit transcript only after January 15 when 1st semester OR 2nd quarter transcripts are available.

☐ Typed & Signed Autobiographical Sketch (See Section F, page 3)

☐ Three letters of recommendation with completed Recommendation Form submitted by the Recommender/Reference. Letter writers should know you and be able to talk about how they think you will do in Summer Institute. A letter writer may not be a family member but could be a teacher, a counselor, a coach, a school administrator, etc. You should give each letter writer one INMED Letter of Recommendation Form (Section J) signed by you and your parent/guardian. (See Section J, pages 7-12)

☐ Documentation of tribal enrollment and/or descendency from a federally recognized tribe

☐ Signed Press Release Form (See Section H, page 5)
(This is not required to participate in Summer Institute Program)

☐ Signed Photograph Release Form (See Section I, page 6)
(This is not required to participate in Summer Institute Program)

Revised 11/2019
SECTION B
Demographic Information

Current Grade in school (please circle) -   7   8   9   10   11   12   Date of Birth: ____/____/_____

Have you ever attended INMED Summer Institute:  No ☐  Yes ☐

Year(s) attended: (ex. 2010, 2011) _______________________________________________  Gender:  F ☐  M ☐

Name: ____________________________________________________________ (Last) (First) (M) (M) (Nickname)

Mailing Address: ________________________________________________ (Box or Street Address)

(City) __________________________________________________________ (State) __________________________ (Zip Code) ________

Home Phone: _____________________________________________  Student Cell Phone: ______________________

Student Email: ________________________________________________

Other Address (please explain): ________________________________________________ (Box or Street Address)

(City) __________________________________________________________ (State) __________________________ (Zip Code) ________

Additional Contact Person: _________________________________________  Home/Cell Phone: ______________________

Has any of your immediate family attended INMED Summer Institute?  No ☐  Yes ☐

Upon graduation of high school, will you be a first generation college student?  No ☐  Yes ☐

*I am an ENROLLED MEMBER or a DESCENDENT (circle one) the __________________________________________ Tribe and Reservation. (REMEMBER TO ATTACH DOCUMENTATION)

SECTION C
Emergency Contact

Please list information for individual to contact in case of an emergency:

Name: __________________________________________  Relationship to applicant: __________________________

Phone: __________________________  Alt. Phone: __________________________  E-Mail: __________________________

Revised 11/2019
SECTION D

Parent/Guardian Information

Marital Status: □ Single □ Married □ Divorced □ Widowed □ Separated

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SECTION E

School Counselor Information

(Name) (School) (Phone) (Fax)

SECTION F

Autobiographical Sketch

In a typed essay using Times New Roman or Arial, font size 12, double spaced, using 250 words or less for each question, please tell us about the following information that pertains to you:

1. Yourself (i.e. family, spirituality, culture, personality, character, education, hobbies/interests)
2. Involvement in your tribal community
3. Educations and career goals
4. Extra-curricular activities / Volunteerism
5. Other educational programs you’ve been a participant of (i.e. STEM)
6. Why you want to participate in the INMED Summer Institute Program
7. What you hope to achieve by becoming an INMED participant

Once completed please sign and date your typed autobiographical sketch and send it in along with your application form.

NOTE: Only typed autobiographical sketches following the above directions will be accepted and considered as complete.
\section*{SECTION G \hfill 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: __________________________

\section*{Parental / Guardian Signature required for all Summer Institute Applications}

By signing, I certify that I am the person responsible for this applicant. 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.

Parent/Guardian Name (please print): ________________________________________________________________________________

Relationship to Applicant: __________________________________________ Date: __________________________

Return 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

Or email applications to: inmed@med.UND.edu

Applications must be postmarked by March 1, 2020.

2020 INMED Summer Institute Program Dates June 8, 2020 – July 17, 2020

\section*{SECTION H \hfill Press Release}

Press Releases are written for special events (e.g. SI Graduation, Presentations, Activities, Award Banquet) and students are names in the release.

Student Signature: __________________________________________ Date: __________________________

Parent/Guardian 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.)

\begin{tabular}{|c|c|}
\hline
Name of newspaper & Location (City, State) \\
\hline
\end{tabular}

Return all forms to:

University of North Dakota School of Medicine & Health Sciences
Indians Into Medicine, E263
Attn: Susan Holden
1301 N Columbia Rd Stop 9037
Grand Forks, ND 58202-9037

Revised 11/2019
SECTION I

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): ______________________________________________________________________________________________

Signature of Participant: __________________________________________________________________           Date: ___________________________

Name of Parent(s)/Guardian(s) (Please print): _______________________________________________________________________________________

Signature of Parent(s)/Guardian(s): ___________________________           Date: ___________________________

Revised 11/2019
**LETTER OF RECOMMENDATION FORM**

### SECTION J

**INMED Letter of Recommendation Form**

This section is to be filled out by student & parents/guardians

Print Full Name of Student/Applicant: ___________________________________________________________________________________________

**Waiver of Access to Letters of Recommendation**

To Be Completed by the Student/Parent or Legal Guardian and sent in By the Recommender with their Letter of Recommendation and Forms.

Note: Waivers of access to letters of recommendation are optional and voluntary. INMED requests waivers, but will not deny admission, awards, employment, or any service or other benefit to students who fail to supply waivers. However, individual recommenders may choose to make the recommendation conditional on a signed waiver of access.

Print Full Name of Recommender: _______________________________________________________________________________________________

By signing below, I agree to waive my right to access and examine, now or at any time in the future, the letter of recommendation (or copies) and recommendation other forms written by the recommender named above.

Student Signature: _______________________________________________________________________ Date: ___________________________

Parent/Guardian Signature: ________________________________________________________________ Date: ___________________________

**For Recommender:**

The Indians Into Medicine Summer Institute Program (INMED SI), is a six week highly intense academic enrichment program for 7th – 12th graders who focus in a collegial setting at the University of North Dakota in the subjects of Biology, Chemistry, and Physics with labs, Health, Math, and Research and Presentations in Communications. During INMED SI, students also stay in college dorms, are supervised by counseling staff, and have health and wellness activities to include but not limited to field trips to advance their educational aspects of INMED SI.

A student must be committed to completing the six week program with the intention of advancing their academic pathway toward a career in the health or medical field and to matriculate into college. As a recommender we request you to be truthful and candid about the applicant’s ability to perform in the six week academic enrichment and collegial setting.

Recommender can be a counselor, teacher, coach, etc. but not a relative of the applicant. Recommender must submit the following:

1. **A typed recommendation using 500 words or less** to describe:
   a) How have you come to know and what is your relationship to the applicant?
   b) Why are you recommending this applicant for the INMED Summer Institute Program?
   c) What are some attributes you feel are important for us to know about the applicant?
   d) How do you think this applicant will benefit from our academic enrichment program?
   e) Any academic, behavioral, needs, or other concerns for the applicant our program should consider? The typed recommendation letter must be completed, signed, and submitted to INMED by the Recommender (NOT the student) via e-mail or mail by March 1, 2020. (See end of form). If these documents are not received from the Recommender by this date the student’s application will not be considered complete.
Please share more about the student's characteristics listed below:

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**Overall Rating**

- [ ] Highly Recommend
- [ ] Strongly Recommend
- [ ] Recommend
- [ ] Not Recommend
- [ ] Recommend with reservations
- Please explain: ____________________________________________________________

**Recommender Info:**

- Your Name (Printed): __________________________________________________________
- Place of Employment: ________________________________ Your Position: __________
- Applicant's Name: ____________________________________________________________________________________________________________
- How do you know the applicant? ________________________________ Length of Time You Have Known Applicant: __________
- Telephone: ________________________________ E-mail: ________________________________
- Signature: __________________________________ Date: ______________

return Recommendation Letter & this signed form to:

University of North Dakota School of Medicine & Health Sciences
Indians Into Medicine, E 263
1301 North Columbia Rd Stop 9037
Grand Forks, ND 58202-9307

Questions or additional information, please call: Brittany Belgarde, Program Coordinator
701.777.3093 or email: inmed@med.UND.edu
INMED Letter of Recommendation Form
This section is to be filled out by student & parents/guardians

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**Recommend with reservations** [ ]

**Please explain:**

________________________________________________________________________

_____________________________________________________________________________________________________________________________

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Place of Employment: _____________________________________________________ Your Position: ___________________________________

Applicant's Name: ______________________________________________________________________________________________________________

How do you know the applicant? _____________________________________ Length of Time You Have Known Applicant: ______________

Telephone: __________________________ E-mail: ______________________________________________________

Signature: _______________________________________________________________________________ Date: ___________________________

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