



Summer Research Enhancement Program in Cancer and Diabetes Prevention 2009

Diné College

Applicant: COMPLETE EACH ITEM TO THE BEST OF YOUR KNOWLEDGE. Incomplete applications will not be accepted. Selection process will be completed in mid-April 2009. Please provide an email address you are able to access from April to June 2009, so that we can contact you about your selection and other details.

PART I – GENERAL INFORMATION

Application Deadline: March 13, 2009

Name: (Last, First, MI) _____ Male Female

Email Address: _____ Date of Birth: _____

Tribal Affiliation: _____ Provide a copy of CIB or Tribal ID _____

Do you have a dependable transportation to the practicum site? YES NO

CURRENT ADDRESS

Street or P.O. Box #: _____

City _____ State _____ Zip _____

Shipping Address (for FEDEX type mailings)
Street _____

City _____ State _____ Zip _____

Contact numbers
Telephone: (_____) _____

Message: (_____) _____

Fax: (_____) _____

SUMMER ADDRESS (address after spring semester is complete)

Street or P.O. Box #: _____

City _____ State _____ Zip _____

Shipping Address (for FEDEX type mailings)
Street _____

City _____ State _____ Zip _____

Contact numbers
Telephone: (_____) _____

Message: (_____) _____

Fax: (_____) _____

Please inform us about any physical disabilities, medical conditions or transportation problems, if applicable. _____

Have you been convicted of a felony or DUI within the past 7 years? YES NO

Part II – EDUCATIONAL BACKGROUND

College or University currently attending: _____ Cumulative GPA: _____

Address: _____ City: _____ State: _____ Zip: _____

College Classification: _____ College Major: _____

List any honors or awards you have received: _____

List clubs or associations you are affiliated with: _____

List other extracurricular activities: _____

Check computer applications you have used: Word Excel Power Point Web Study

Online searches to find data for a research paper or report

Part III – SCHOOL TRANSCRIPT

Please have **official college transcripts from all Universities and College attended** sent to: Mark C. Bauer, Ph.D., Diné College – Shiprock Campus, Summer Research Enhancement Program, Math/Science Department, P.O. Box 580, Shiprock, NM 87420.

Part IV – ESSAY

Please write an essay on how your participation in the Summer Research Enhancement Program in Cancer and Diabetes Prevention will assist you in achieving your educational future goals and aspirations. Please include your thoughts on your values and how they can be integrated into a research environment.

Please indicate your choice for the focus of your studies and internship placement in either cancer or diabetes.

Cancer Diabetes

Please send complete application with two (2) Recommendations to: Mark C. Bauer, Ph.D., Diné College – Shiprock Campus, Summer Research Enhancement Program, Math/Science Department, P.O. Box 580, Shiprock, NM 87420.



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TO THE PROGRAM APPLICANT: Please print or type your name, address, and the name of the person you have asked to provide the recommendation.

PART V – RECOMMENDATION

Name: *(Last, First, MI)*

Mailing Address:

City:

State:

Zip:

Recommender's Name:

Department:

TO THE RECOMMENDER:

The applicant named above is applying for a position as a student intern in the Summer Research Enhancement Program. The purpose of the 10-week program is to develop interests and skills among Native American freshman and sophomore college students in cancer and diabetes prevention research.

Please complete the information requested on this form. Your comments will be kept completely confidential. Your candid completion of this recommendation is greatly appreciated.

How long and in what capacity have you known the applicant?

How do you rate the Applicant?	Accomplished in this area	Does well in this area	Performs adequately in this area	Requires reinforcement in this area	Not Observed
Intellectual & Reasoning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add your comments, including an assessment of the applicant's potential performance as a student research intern. Include such topics as previous accomplishments, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly and creatively, motivation, and scholarly potential. If you need additional space for your comments, please staple extra papers to this form.

Please indicate your overall assessment of the applicant:

- Endorse Endorse with reservations Not Endorse at this time

Recommender's Name (Print or Type): _____ Title: _____

School or Agency: _____

Address: _____ Town/City: _____ State: _____ Zip: _____

Telephone Number () _____ Email Address: _____

Signature _____ Date _____

Thank you for your valuable assistance

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Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Motivation and Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Address: _____ Town/City: _____ State: _____ Zip: _____

Telephone Number () _____ Email Address: _____

Signature _____ Date _____

Thank you for your valuable assistance

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