Admission Application

College of Pharmacy
Dean Stuart Feldman Summer Science Institute

June 2-June 7, 2019

College of Pharmacy

Athens GA 30602

Application deadline: Friday, March 29, 2019
# Application Form

(Due March 29, 2019)

## Personal Information

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Cell (optional)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email Address (required)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current mailing Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Home Mailing Address (if different from above)**

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Phone**

- [ ] Male
- [ ] Female
- [ ] US Citizen
- [ ] Other citizenship
- [ ] Dual US citizen
- [ ] US permanent resident visa

- [ ] Are you Hispanic/Latino?
- [ ] American Indian or Alaska Native (including all original People of the Americas)
- [ ] Asian (Indian Subcontinent)
- [ ] Black or African American (including African and Caribbean)
- [ ] Native Hawaiian or other Pacific Islander
- [ ] White (including Middle Eastern)

## Household

**Parents’ Martial Status (relative to each other):**

- [ ] Never married
- [ ] Married
- [ ] Separated

- [ ] Divorced (date [Mm/yyyy])

**With whom do you make your permanent home?**

- [ ] Mother
- [ ] Father
- [ ] Both
- [ ] Legal Guardian
- [ ] Ward of the Court/State
- [ ] Other

<table>
<thead>
<tr>
<th>Mother is deceased</th>
<th>[ ] yes</th>
<th>[ ] no (Date deceased [Mm/yyyy])</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father is deceased</th>
<th>[ ] yes</th>
<th>[ ] no (Date deceased [Mm/yyyy])</th>
</tr>
</thead>
</table>

Mm/yyyy

**PLEASE SEE BELOW FOR CAMPUS HOUSING INFORMATION**
Parent/Guardian Information

Last/Family/ Sur   First/Given   Middle   Title (Mr, Ms, Dr.)   Last/Family/Sur   First/Given   Middle   Title (Mr., Ms, Dr)
Country of Birth ____________________________________________ Country of Birth ____________________________________________
Home Address if Different from yours ___________________________ Home Address if different from yours ___________________________
__________________________________________________________ ___________________________________________________________
__________________________________________________________ ___________________________________________________________
Home phone (___) ____________________________________________ Home phone (___) ____________________________________________
E-mail _______________________________________________________ E-mail _______________________________________________________
Occupation __________________________________________________ Occupation ___________________________________________________
Name of Employer ____________________________________________ Name of Employer ____________________________________________
College (if any) _____________________________________________ College (if any) _____________________________________________
Degree __________________________ Year ______________ Degree __________________________ Year ______________
Graduate School (if any) _____________________________________ Graduate School (if any) _____________________________________
Degree __________________________ Year ______________ Degree __________________________ Year ______________

Academic Information

High School   City   State
Class Status next fall:
SAT (if taken)   Verbal   Math   Writing
PSAT Total   Verbal   Math   Writing
GPA*   On a Scale of 4.0
Submit Copy of:  ☐ Official Transcript  ☐ Two Letters of Recommendation (At least one by a teacher)
*Rising seniors: 3.33 GPA

Please list any relevant awards, activities, honors, or leadership positions:

Please describe any pharmacy or science related organizations that you have participated in and relevant roles while in high school. (i.e. internship, shadowing a pharmacist, working in a science environment)
Program Cost:
I plan to reside in university housing for the week of the summer program □ yes □ no
I submit/will submit a scholarship application by the March 15, 2019 deadline □ yes □ no
I plan to pay $350.00 for my housing and laboratory fees □ yes □ no
I plan to commute for the week □ yes □ no

Essay Topic:
In the space below, please explain why you are interested in a career in pharmacy or a science field and how you will add to the diversity of the program.

Please return completed application, including recommendations and transcript to:
Vivia Hill-Silcott, Ph.D.
Director of Diversity Programs, Academic Support, and Dean Stuart Feldman Summer Science Institute
University of Georgia
Athens, GA 30602
vhsilcot@uga.edu