Admission Application

College of Pharmacy
Dean Stuart Feldman Summer Science Institute

May 31-June 5, 2020

College of Pharmacy

Athens GA 30602

Application deadline: Friday, March 27, 2020
# Application Form
(Due March 27, 2020)

## Personal Information

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Cell (optional)</th>
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<table>
<thead>
<tr>
<th>Email Address (required)</th>
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<table>
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<tr>
<th>Current mailing Address</th>
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<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Home Mailing Address (if different from above)</th>
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<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Phone</th>
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</table>

- [ ] 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__________)

With whom do you make your permanent home?
- [ ] Mother
- [ ] Father
- [ ] Both
- [ ] Legal Guardian
- [ ] Ward of the Court/State
- [ ] Other

Mother is deceased
- [ ] yes
- [ ] no (Date deceased__________)

Father is deceased
- [ ] yes
- [ ] no (Date deceased__________)

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 ________________________________ Year

Graduate School (if any) ________________________________ Graduate School (if any) ________________________________

Degree ________________________________ Year ________________________________ Year

Academic Information

<table>
<thead>
<tr>
<th>High School</th>
<th>City</th>
<th>State</th>
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<tbody>
<tr>
<td>Class Status next fall:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT (if taken)</td>
<td>Verbal</td>
<td>Math</td>
</tr>
<tr>
<td>PSAT Total</td>
<td>Verbal</td>
<td>Math</td>
</tr>
<tr>
<td>GPA*</td>
<td>On a Scale of 4.0</td>
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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 13, 2020 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