

II. PARENT/GUARDIAN CONTACT INFORMATION -----

Parent's Full Name: _____
First MI Last

Relationship to Student:
(mother, father, aunt, etc.) _____

Permanent Address: _____
Street/PO Box

City State Zip Code

Territory/Country

Telephone: _____
Home Phone

Cell Phone

Work Phone

Primary Email Address: _____

Secondary Email: _____

III. ELIGIBILITY CRITERIA -----

Applicants must:

- Be a U.S. Citizen, non-citizen national, or legal permanent resident
- Be 16 years of age or older and be enrolled in high school (junior or senior)
- Have a minimum overall GPA of 3.0 or better (on a 4.0 scale), Exceptions may be granted
- Have personal medical/health insurance coverage throughout the duration of the program
 - Exceptions will be granted for students living in Pacific Islands

STEP-UP encourages all individuals (high school juniors and graduating seniors), including individuals living with disabilities, to apply. Consistent with applicable laws, an individual’s race, ethnicity, or sex (including gender identity, sexual orientation, or transgender status) are not considered as a factor for purposes of program eligibility or in selecting participants.

Are you in High School?	YES	NO
What is your anticipated graduation date (Month/Year)?		
Will you have health insurance at the time you participate in the program?	YES	NO
Do you have a disability?	YES	NO
Please indicate the type of disability you have been diagnosed with:		
Are you a U.S. Citizen?	YES	NO
If no, are you a Permanent Resident?	YES	NO
If no, are you a non-citizen national?	YES	NO
If no, are you a citizen/legal permanent resident of the Federated States of Micronesia, Republic of Palau, or the Republic of Marshall Islands?	YES	NO
<u>Photographic copies of both sides of your passport/Permanent Residency Card are required prior to acceptance to the Program. Please Submit with your application. You may also be required to show other proof of citizenship or residency upon acceptance.</u>		

IV. STUDENT PROFILE/DEMOGRAPHIC INFORMATION -----

Check the following category/categories that most reflect you.

American Indian/Alaska Native
Asian , please specify:
Black or African American
Hispanic , please specify:
Pacific Islander , please specify:
White
Other , please specify:

Please indicate which of the following applies to you:

Reside in Hawaii, Am. Samoa, Guan, CNMI, Palau, FSM, or the Marshall Islands (Yes or No):

Disadvantaged Background (defined by annual family income below) (Yes or No):

First Generation College Student (Yes or No):

Diagnosed with a Disability (that limits one or more major life activities) (Yes or No):

FAMILY INCOME-----

If you are claiming eligibility based on family income (disadvantaged background), please complete the following section. This information is based on your annual household income, not on your own current financial status.

Total ANNUAL Household Income	Total Number Living in Household
Less than \$13,670	1
Between \$13,670 and \$18,430	2
Between \$18,430 and \$23,190	3
Between \$23,190 and \$27,950	4
Between \$27,950 and \$32,710	5
Between \$32,710 and \$34,470	6
Between \$34,470 and \$42,230	7
Between \$42,230 and \$47,010	8
Between \$47,010 and \$51,790	9
Between \$51,790 and \$56,570	10

For families/households with more than 10 persons, add \$4780 for each additional person.

*Note: Individuals from disadvantaged backgrounds are defined as individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size, published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty>. These numbers have been updated to reflect the poverty guidelines for Hawaii in 2016.

V. STEP-UP Information-----

Do you have previous Research Experience at the National Institutes of Health, including STEP-UP? (i.e. SIP, STEP-UP, MARC):	YES	NO
Do you have previous research experience apart from NIH?	YES	NO
Do you have any relatives that are employed at the NIH:	YES	NO
If yes, relative's employer:		
How did you hear about STEP-UP?		

Other Previous Research Experiences (including STEP-UP)

DESCRIPTION/DETAILS	YEAR

VI. ACADEMIC INFORMATION-----

A **current high school transcript is required** from your current high school as well as any other high schools you may have attended. Please attach a hard copy of your transcript to your paper application, including your fall semester grades for the current academic year. An unofficial copy is acceptable.

Current High School:

Current Grade: Junior (11th) Senior (12th)

High School Address:

Street/PO Box

City State Zip Code

Territory/Country

Previous High School Attended:

Years Attended: Freshman (9th) Sophomore (10th) Junior (11th) Senior (12th)

High School Address:

Street/PO Box

City State Zip Code

Territory/Country

Cumulative GPA (on a 4.0 scale):

VII. EMPLOYMENT AND/OR VOLUNTEER INFORMATION-----

Please include *employment* or *volunteer work* and any prior research experiences in the section below. Attach a separate sheet if more space is needed.

From: _____ To: _____ Employer: _____

Employment or Volunteer Work Details:

From: _____ To: _____ Employer: _____

Employment or Volunteer Work Details:

From: _____ To: _____ Employer: _____

Employment or Volunteer Work Details:

From: _____ To: _____ Employer: _____

Employment or Volunteer Work Details:

VIII. EXTRACURRICULAR ACTIVITIES-----

Please include a brief description of other *extracurricular activities* that you have been involved with such as clubs, sports, memberships, student government, etc.

From: _____ To: _____ Activity: _____

Activity Details:

From: _____ To: _____ Activity: _____

Activity Details:

From: _____ To: _____ Activity: _____

Activity Details:

From: _____ To: _____ Activity: _____

Activity Details:

IX. HONORS AND AWARDS-----

Month/Year	Award Title and Details

X. RECOMMENDATIONS-----

Please submit **TWO Letters of Recommendation** and list who they will be coming from in the area below. Please attach a signed original copy of the letter if you are submitting it with your application. Your letters of recommendation can also be emailed to us (hawaii.stepup@gmail.com) as an attachment to your application, or directly from the recommendation letter writer. **Please note, if you are a returning STEP-UP student, one of your letters of recommendation must come from your previous mentor.**

Recommendation 1:

Name: _____

First MI Last

Permanent Address: _____

Street/PO Box

City State Zip Code

Territory/Country

Telephone: _____

Phone Fax

Email Address: _____

Recommendation 2:

Name: _____

First MI Last

Permanent Address: _____

Street/PO Box

City State Zip Code

Territory/Country

Telephone: _____

Phone Fax

Email Address: _____

XI. PERSONAL STATEMENT-----

Please describe your research interests and long-term career goals, if known, and reasons for applying to the NIH/NIDDK High School STEP-UP Program. What are your expectations for your summer research training experience and what do you hope to gain by participating in this program? (600 words or less) You may attach an additional sheet of paper or print on a separate page if more space is needed. The use of AI, such as ChatGPT, to write your personal statement is not allowed.

I hereby certify that I have not used AI to write my personal statement and that the above information on this application is correct and to the best of my knowledge. In addition to my application, I will also submit all supporting materials including my personal statement, my official high school transcript, and two letters of recommendation by February 15. Pacific students: Please also include proof of citizenship (i.e. copy of passport, permanent resident card)

Student Applicant Signature

Date

Parent/Guardian Signature

Date