

STEP-UP High School Program Application

Due February 15

Instructions: Please type/print legibly in black or blue ink. Check items where needed. If you have any questions about completing the application, please contact us at hawaii.stepup@gmail.com. To learn more about the program please visit: <https://stepup.jabsom.hawaii.edu> or www.pacificstepup.org

I. STUDENT CONTACT INFORMATION

Student's Full Name: _____
First MI Last

Current High School
Name: _____

Date of Birth: ____ / ____ / ____ (mm/dd/yyyy)

Gender: Male Female

Permanent Address: _____
Street

City State Zip Code

Territory/Country

Mailing Address: ☐ Check if same as permanent address.

Street/PO Box

City State Zip Code

Territory/Country

Telephone: _____
Home Phone Cell Phone

Primary Email Address: _____

Secondary Email: _____

II. PARENT/GUARDIAN CONTACT INFORMATION

Parent's Full Name: _____
First MI Last

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

Parents 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
Do you reside in Hawaii, American Samoa, Guam, CNMI, Palau, FSM or the 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. STEP-UP HISTORY INFORMATION-----

Do you have previous Research Experience at the National Institutes of Health, including STEP-UP? (i.e. SIP, STEP-UP, MARC)	YES	NO
If yes, please provide description/details:		
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?		

V. 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 (11 th)	Senior (12 th)
High School Address:	Street/PO Box	
	City	State
	Zip Code	
	Territory/Country	

Previous High School Attended:

Years Attended:	Freshman (9 th)	Sophomore (10 th)	Junior (11 th)	Senior (12 th)
High School Address:	Street/PO Box			
	City	State	Zip Code	
	Territory/Country			

Cumulative GPA (on a 4.0 scale):

VI. EMPLOYMENT AND/OR VOLUNTEER INFORMATION (OPTIONAL)-----

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:

VII. EXTRACURRICULAR ACTIVITIES (OPTIONAL)-----

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:

VIII. HONORS AND AWARDS (OPTIONAL)-----	
Month/Year	Award Title and Details

IX. 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
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Territory/Country

Telephone: _____

Phone	Fax

Email Address:

Recommendation 2:

Name: _____

First MI Last

Permanent Address: _____
Street/PO Box

City	State	Zip Code
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Territory/Country

Telephone: _____

Phone	Fax

Email Address:

X. 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. I also attest that I have permission from my parents or legal guardian to submit my STEP-UP application.

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