



# Project STRIDE

(Students Training in Research Involving Disparity Elimination)



**Application for 2025 Project STRIDE Program**  
**June 16 - August 08, 2025\***

**Instructions:** Please complete the entire application. Make sure you review your application and ensure all sections are complete and have the require signatures before submission. We will need an official transcript and two (2) letters of recommendation to consider your application complete.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Social Security No. (Last 4 digits) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ E-mail: \_\_\_\_\_

High School Currently Attending: \_\_\_\_\_ Current Year: \_\_\_\_\_

School Address: \_\_\_\_\_ Total GPA: \_\_\_\_\_ Science GPA: \_\_\_\_\_

What Science Courses have you taken or are currently taking? Please list: \_\_\_\_\_

\_\_\_\_\_

Please check one of the following (Gender Identity):

- Female
- Male
- Non-binary/ Non-conforming
- Transgender
- Prefer not to respond

Please answer the following (Ethnicity):

- 1) Please select one
  - Hispanic or Latino
  - Not Hispanic or Latino
- 2) Select all the apply
  - American Indian or Alaska Native
  - Asian
    - Asian Indian  Chinese  Filipino  Korean  Japanese
    - Vietnamese  Other Not Listed: \_\_\_\_\_
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Other not listed (Please specify below): \_\_\_\_\_

Will you be a first-generation college student?

- Yes
- No

What is your household income?

- \$0- \$30,000  \$31,000-\$60,000  \$61,000- \$90,000  \$91,000- \$120,000  \$120,000+

In Case of an Emergency Please Notify

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

No. of Brothers: \_\_\_\_\_ Ages: \_\_\_\_\_

No. of Sisters: \_\_\_\_\_ Ages: \_\_\_\_\_



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Please list extracurricular activities (include school, community, health and/or church related):

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Are you interested in a Health Profession Career?  Yes  No

If yes, which Health Profession Career? \_\_\_\_\_

What area(s) of health research are you interested in pursuing? Why?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked on a clinical research project?  Yes  No

If yes, what was the name of the project; who was the researcher you worked with; where was the research done; and was the research published? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any health disabilities that we should be aware of? If yes, please list.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance?  Yes  No

If yes, please provide the following information:

Provider: \_\_\_\_\_ Policy No. \_\_\_\_\_ Telephone No. \_\_\_\_\_



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**Application Essay:** Please type an essay of 450-550 words on: **Why you would like to be involved in clinical research?**

**Fill out the application electronically, save and print the copy; sign the original, scan and email copies of the required materials to: [projectstride@cdrewu.edu](mailto:projectstride@cdrewu.edu)**

**Required Document**

1. Official Transcript (sent directly from school)
2. Two Letters of Recommendation - One letter must be from Faculty Member (Teacher or Counselor)
3. Application Essay- no more than 550 words.

**All documents must be received no later than February 15<sup>th</sup>**

**If you have any questions, please feel free to e-mail Ms. Elizabeth Delgado at [projectstride@cdrewu.edu](mailto:projectstride@cdrewu.edu)**

I certify that all the information submitted in this application has been carefully reviewed, is my own work and is factually true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_