



2025 Project STRIDE II

(Students Training in Research Involving Disparity Elimination)



Application for 2025 Project STRIDE II 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: _____

University 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

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+

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): _____

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):

List all employment information with Supervisor's name and date of employment.

What are your hobbies and interests outside of school?

What other summer programs are you applying to?

What are your long-term education and career objectives?

Describe all research projects you have done, the dates, and the name of your mentor.

Do you have health insurance? Yes No Insurance Provider: _____ Policy No.: _____



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Application Essay: *Please limit your answer to 550 words.*

What are your expectations of the Project STRIDE II Clinical Research Program and what do you hope to gain from your participation in the program? How will it help you achieve your academic and career objectives?

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

Required Document

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

All documents must be received no later than February 15th

If you have any questions, please feel free to e-mail Ms. Elizabeth Delgado at 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: _____