



UC Irvine Health

Summer Surgery Program

Student Application

(Email completed application to summersurgery@uci.edu)

Personal/Contact Information	
Name (Last, First, MI):	
Mailing Address:	
City, State, Zip:	
Telephone (Home):	Cell Phone (Student):
Email (Student):	
**Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
T-Shirt Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL Scrubs Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL White Coat Size: <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	
Ethnicity/Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black Caucasian/White <input type="checkbox"/> Decline to state	

**Students must be 16 years old before the start of the program in order to participate.



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Please choose your first priority for session scheduling:

Session I: July 9th through July 20th

Session II: July 23rd through August 3rd

I am available to participate in any session

Do you need room and board? Yes No

** Room and board is only available during Session II. Students who require room and board will have a higher priority for Session II.**

High School Information	
Name of High School:	
High School Address:	
City, State Zip:	
Name & Contact Info of Your Academic Advisor:	
Current Grade Level:	High School Phone Number:
Weighted GPA:	Unweighted GPA (4.0 Scale):

Emergency Contact Information	
Parent/Guardian Name (Last, First):	
Relationship to Applicant:	Parent/Guardian E-mail:
Parent/Guardian Daytime Phone:	Parent/Guardian Cell Phone Number:

Are either of your parents an employee of the University of California? Yes No



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Personal Responses

These short essays will help to give us some insight to your personality and interests. Please attach your short essay answers on a separate page at the end of this application.

1. Please describe why you would like to participate in the UC Irvine Health Summer Surgery Program. (Please remember these are "short" essay questions)
2. Please list the top 5 most important activities, hobbies, or special experiences you've had.
3. Choose your favorite/most important of the above activities and describe what you have gained from this experience. How have you or will you use this to make an impact on others?

By typing my name below, I certify that all the information provided in this application is correct:
