



UC Irvine Health

Summer Surgery Program

Student Scholarship Application

(Email completed application to summersurgery@uci.edu)

Scholarship Application

The Summer Surgery Program is offering up to four fully paid scholarships to qualified applicants. Any applicant is eligible; however, preference is given to those demonstrating the greatest need. Consideration will also be given to those who contribute most to the program with their maturity and life experience.

To qualify for a fully paid scholarship, an applicant must:

- Complete this scholarship application
- Turn in two teacher letters of recommendation
- Turn in all guardian 2016 or 2017 tax forms

The following are considered in scholarship selection:

- Degree of financial need/hardship
- Applicant who will be first generation to attend college
- Applicant demonstrates maturity through experience
- Applicant demonstrate motivation to contribute to society

Once completes, please submit this application with the regular application to:
summersurgery@uci.edu



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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.

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:



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Financial Information	
Parent/Guardian Name (Last, First, MI):	Relationship to Applicant:
Occupation:	Education (highest degree attained):
Parent/Guardian Phone Number:	Parent/Guardian E-mail:
Parent/Guardian Name (Last, First, MI):	Relationship to Applicant:
Occupation:	Education (highest degree attained):
Parent/Guardian Phone Number:	Parent/Guardian E-mail:
Family Income Level:	Number of People in Household:
Is the applicant's family receiving state/federal assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the applicant's family ever received state/federal assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the applicant be able to participate (paid tuition) if a scholarship is not awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Personal Responses

These short essays will help to give us some insight to your personality, interests and need for scholarship funds. 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?
4. Please describe a challenge or hardship that you have overcome and what you have learned about yourself from this experience.
5. Please tell us what you hope to gain from attending this program and how receiving a scholarship will have a direct impact on you.

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