



# UCI Health

## Summer Surgery Program Student Scholarship Application

(Email completed application to [summersurgery@uci.edu](mailto: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 will 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 letter of recommendations
- turn in all guardian 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 demonstrates motivation to contribute to society

**Note: Two letters of recommendation cannot be submitted by the same teacher**

Once completed, please submit this application with the regular application to:

[summersurgery@uci.edu](mailto:summersurgery@uci.edu)



# UCI Health

## Summer Surgery Program Student Scholarship Application

(Email completed application to [summersurgery@uci.edu](mailto:summersurgery@uci.edu))

Personal/Contact Information	
Name (Last, First, MI):	
Mailing Address:	
City, State, Zip:	
Telephone (Home):	Cell Phone (Student):
E-mail (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	
<b>Ethnicity/Race:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> American Indian/Alaskan Native  <input type="checkbox"/> American Asian  <input type="checkbox"/> Asian  <input type="checkbox"/> Black  <input type="checkbox"/> Caucasian/White             </div> <div style="width: 45%;"> <input type="checkbox"/> Hispanic/Latino  <input type="checkbox"/> Native Hawaiian/Pacific Islander  <input type="checkbox"/> Other (Please specify below):  <input type="checkbox"/> Decline to state             </div> </div>	

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



# UCI Health

## Summer Surgery Program Student Scholarship Application

(Email completed application to [summersurgery@uci.edu](mailto:summersurgery@uci.edu))

**Please choose your first priority for session scheduling:**

Session I: July 8<sup>th</sup> through July 19<sup>th</sup>

Session II: July 22<sup>nd</sup> through August 2<sup>nd</sup>

I am available to participate in any session

Do you need room and board for Session II?  Yes  No

*\*\*Room and board is ONLY available for Session II. Out of State/International participants will be given priority.*

### 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



# UCI Health

## Summer Surgery Program Student Scholarship Application

(Email completed application to [summersurgery@uci.edu](mailto:summersurgery@uci.edu))

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? Yes / No	
Has the applicant's family ever received state/federal assistance? Yes / No	
Will the applicant be able to participate (paid tuition) if a scholarship is not awarded? Yes/No	



# UCI Health

## Summer Surgery Program Student Scholarship Application

(Email completed application to [summersurgery@uci.edu](mailto:summersurgery@uci.edu))

### 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 and how you have or will 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:**