



# UCI Health

## Summer Surgery Program

### Student 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:<br><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<br><input type="checkbox"/> American Asian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black<br><input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> Other (Please specify below):<br><input type="checkbox"/> Decline to state |

\*\*Student 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 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



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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 and how you have or will 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:**