

**EXPORT Center for Partnerships to Eliminate Health Disparities in Cancer & HIV
Undergraduate Summer Research Program Application(USC Campus)**

Today's Date:		Social Security #:	
(For USC/CSD office use only; campus codes needed) Campus Identification #:			
<u>STUDENT PERSONAL INFORMATION</u>			
Student Name: _____			
Last		First	MI
Date of Birth:		Ethnicity/Race:	
Campus or Local Address:		(Permanent) Home Address:	
City	State	Zip	City State Zip
Campus Phone:		Home Phone:	
Campus E-Mail		Home E-Mail	
Cell/Other Phone:			
<u>In Case of Emergency</u>			
Contact #1:		Contact #2:	
Name:	Relationship:	Name:	Relationship:
Telephone:		Telephone:	
Mailing Address:		Mailing Address:	
City	State	Zip	City State Zip
<u>CAREER INFORMATION</u>			
Career Interest #1			
Career Interest #2			
<u>EDUCATION INFORMATION</u>			
Classification:		Anticipated Graduation Date:	
Undergraduate Major #1:		Undergraduate Major #2	
Current Grade Point Average:			
Current Enrollment Status (Please select only one): Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>			
I certify that the information contained on this application is true. Any misrepresentation is cause for denial of a scholarship.			
_____ STUDENT SIGNATURE			