



# 2012 SOT Minority Undergraduate Student Award Program Student Application

### Area for Student to Complete.

First Name		Middle		Last Name		
Citizenship (check one)		U.S. Citizen	U.S. Permanent Resident	Neither	Place of birth	
Academic Institution			Major			
Currently classified as		Sophomore	Junior	Senior	Other: (specify)	
Cumulative GPA		Expected Date of Graduation				
Mailing Address		<b>Current/residence at school</b>		<b>Permanent/Home Address</b>		
Address 1		Check if same as current address				
Address 2						
City						
State		Zip		Zip		
Phone		Phone				
Cell Phone						
E-mail						
Person at <b>permanent</b> address who will always know where you are				Name		
				E-mail		
Permission for SOT to release your name and address as a student interested in toxicology					Yes	No
Permission for SOT to take photos of me during the meeting for SOT's noncommercial use in any and all media, if I should be accepted					Yes	No
Have you ever participated in: MARC program?		Yes, currently		Not now, but previously		
Gates Millennium Scholar?		Yes		No		
Racial background (for program demographics)		African American		Asian or Asian American		
		Native American including Alaskan and Hawaiian		White		
				Other:		
Gender (for program demographics and housing)		Male		Female		
Please indicate your level of interest in pursuing the following degrees by putting one "√" in each row						
		Not Interested		Somewhat Interested		Very Interested
Degree		0	1	2	3	4
Ph.D.						
M.S.						
M.D.						
D.V.M.						
M.D./Ph.D. or D.V.M./Ph.D						

Add a statement about your career objectives, how they relate to toxicology and how you feel attendance at this meeting will help you, in the space below, limited to 250 words (or 2000 characters).

Applicant's signature

Date:

Applicant's should name this file [your last name]\_MUP\_app. You will e-mail this file plus an electronic copy of your transcript(s) including current semester enrollment to your advisor. Ask the advisor to complete the space below the reference letter and the Institutional Cover sheet. The advisor will e-mail all the applications from your institution to arrive at SOT by midnight EST on October 9, 2011.

**Area for Advisor to complete.** Please submit one letter of recommendation for each student nominated.

Advisor Name				
Address 1				
Address 2				
City				
State		Zip		
Phone		FAX	E-mail	

Enter the letter of recommendation below.

Signature of Advisor

Date