

**APPLICATION FORM**

**California Institute for Regenerative Medicine (CIRM)  
UC Davis COMPASS Undergraduate Training Program  
Application Deadline: Friday, January 6, 2023, 5 p.m.**

**Applicant's Name:**

**Phone Number:**

**UC Davis Student ID:**

**UC Davis Email Address:**

<b>EDUCATION</b>			
High school, community college, and any other relevant educational experiences			
Name of Institution	Month	Year	Diploma, Certificate, and/or Major Field of Study

**Current Major:**

**When do you expect to graduate from UC Davis?**

**What is your current citizenship status?**

**Please indicate which of the racial background categories apply to you. (Please select all that apply or choose decline to state.)**

**African American or Black**

**Hispanic / Latinx**

**American Indian or Alaska Native (including indigenous peoples of North, Central, and South America)**

**Asian (including Chinese, Filipinx/Pilipinx, Vietnamese, Asian Indian)**

**Native Hawaiian or Other Pacific Islander**

**White or European**

**Decline to state**

**Other origin(s) not listed above (please specify):**

**Please indicate if you are disabled (refer to the Americans with Disabilities Act of 1990, section 12102 for the definition of disability at <http://www.ada.gov/pubs/adastatute08.htm>.)**

**Please indicate which of the following apply to you. (IMPORTANT: Check all that apply)**

**First generation college student?** (Defined as no parent or legal guardian who completed a bachelor's degree.)

**Homeless?** (As defined by the McKinney-Vento Homeless Assistance Act: <https://nche.ed.gov/mckinney-vento/>)

**In the foster care system?** (As defined by the Administration for Children and Families <https://www.acf.hhs.gov/cb/focus-areas/foster-care>)

**Eligible for the federal Free and Reduced Lunch Program for two or more years?** (Definition: <https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>)

**Supported by the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child?** (Definition: <https://www.fns.usda.gov/wic/wic-eligibility-requirements>)

**A resident of: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer (<https://data.hrsa.gov/tools/rural-health>), OR b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas?** (Qualifying zipcodes are included at: <https://www.qhpcertification.cms.gov/s/LowIncomeandHPSAZipCodeListingPY2020.xlsx?v=1>)

**None of the above apply to me**

**What was the zip code where you resided when you graduated from high school?**

**PERSONAL STATEMENT:**

Please describe your academic and personal strengths and weaknesses. You may include any educational adversities that you have experienced or expect to experience. Briefly outline why you are a strong candidate for the CIRM COMPASS Training Program. **No more than 2 paragraphs, single spaced.**

**RELEVANT COURSEWORK**

In lieu of listing relevant coursework please provide a copy of transcripts from UC Davis and any community colleges attended. You may also list courses you would like to highlight.

**RESEARCH EXPERIENCES: (Research experiences not required to apply.)**

Please provide an overview of any prior research experiences. If no research experience, please describe laboratory classes that you have taken and how they might relate to this program. If you have had research experience(s), please indicate the institution where the research was conducted, the laboratory PI, the duration of the experience, and brief information about the project and your role in the project. **No more than 1 page, single spaced.**

**FUTURE CAREER OBJECTIVES**

Please provide an overview of your interests and importance of the COMPASS program to your career goals.

**No more than 1 page, single spaced.**