THE CITY UNIVERSITY OF NEW YORK
OFFICE OF STUDENT AFFAIRS

SALK AWARD DATA FORM

Name__________________________________ Telephone(__ __ __)__ __ __- __ __ __ __

Street Address__________________________ City, State & Zip Code________________________

E-mail Address_________________________________________________________________________

Date of Birth___________________________

High School Attended___________________ Month and Year of Graduation_________________

CUNY College_________________________

Degree and date awarded/ to be awarded from CUNY College _______________________________

Student’s Major_______________________   Minor______________________________________

Name and Address of your mentor ________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Name and Address of medical school to be attended________________________________________
________________________________________
________________________________________

________________________________________
The following information is for data gathering purposes only. You are not required to complete this portion of form in order to apply for consideration.

Gender: □ M □ F

Which category describes you best?

□ Black, non-Hispanic
□ White, non-Hispanic
□ Hispanic
□ Asian of Pacific Islander
□ American Indian or Native Alaskan
□ Other- Please Specify

1. List campus activities in which you been involved

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

2. College Honors/ Awards

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

3. Other Honors/ Awards

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

4. Hobbies/ Personal Interest

______________________________________________________________________________________

______________________________________________________________________________________

______________________________________________________________________________________

5. Research Interest

______________________________________________________________________________________

______________________________________________________________________________________
6. Attach a one page typewritten statement briefly describing your reason for entering the medical profession or bio-medical research. Include any personal notes or background information that may be of interest. Statement should not exceed two pages double-spaced.