Central Office of Student Affairs
Jonas E. Salk Scholarship
Application/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______________________________

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          □ Asian of Pacific Islander
□ White, non-Hispanic          □ American Indian or Native Alaskan
□ Hispanic                      □ 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.