



AAIP Pre-Admission Workshop Application

Hosted by the 4 Corners Alliance
University of Utah School of Medicine
March 21-24, 2019

DEADLINE FOR APPLICATIONS: Feb. 28, 2019

PRIMARY DATA SHEET
APPLICATION FORMS MAY BE PHOTOCOPIED

Part I. Personal Information (Please type or print legibly in ink.)

First	Middle	Last
Social Security Number	- -	Date of Birth
		/ /
Gender (M or F)	Dietary Restrictions	

Part II. Contact Information

Current / Mailing Address

Street _____
City _____
State _____ Zip Code _____
Cell Phone _____ Please indicate if this is your primary phone and if you receive text messages

Permanent Address (if same, please indicate)

Street _____
City _____
State _____ Zip Code _____
Phone _____

Type of Residence: Reservation Rural Urban
(Circle one)

E-mail Addresses

Main E-mail _____

Alternate E-mail _____

Part III. Family and Tribal Information

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other	Number of Dependents	
Spouse's Name						
Your Place of Birth	City			State		

Emergency Contact

Contact Name		Relationship	
Home Phone		Dietary Restrictions	
Cell Phone			

Tribal Information

Tribe(s) Enrolled In						
Other tribal affiliation, please identify						
Tribal Enrollment:	<input type="checkbox"/> Self	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandmother Circle One below: Maternal Paternal	<input type="checkbox"/> Grandfather Circle One below: Maternal Paternal	<input type="checkbox"/> Other
Blood Quantum Amount	Please indicate if you have any Americans with Disabilities Act (ADA) needs? If so, please list here:					

Part IV. Education Information

College/University			
Major		Minor	
Degree (e.g. BA, BS, MPH, PhD, etc.)			

School Year (circle the one that applies)

Freshman	Sophomore	Junior	Senior	Graduate	Other
Cumulative GPA		Health career goal			

What health science program(s) are you interested in (physician, physical therapy, nursing, etc.)?	
What is your intended date of enrollment into your program of interest (month/year)?	
Have you previously applied to your program of interest (Yes or No)?	

List Awards, Honors, or Special Achievements

Name of Award/Honor or Community Involvement/Experience	Date Received	Reason

Airport

NOTE: Nearest/Preferred Airport

List City & State / airport name & code	

Part VI. Programs (Indicate program(s) of interest and program(s) previously participated in, along with the year you participated).

NOTE: More information can be found on the AAIP website at: www.aaip.org

Program Name	Interested In	Past Participant	Years
AAIP Annual Meeting & Health Conference			
Cross Cultural Medicine Workshop (CCMW)			
National Native American Youth Initiative (NNAYI) <i>STUDENT High School Students</i>			
National Native American Youth Initiative (NNAYI) <i>COUNSELOR</i>			
College & Medical Students			
Financial Aid / Scholarships			
National Institutes of Health (NIH) Research Training Opportunities			
National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK)			

Scholarship awarded on a one-time basis only.

Application must be in the AAIP office no later than **Thursday, February 28, 2019**.

Mail the following contents to the address below:

- AAIP Application (Primary Data Sheet)
- Recent College and/or university transcript (official or unofficial)
- One-page personal statement: Why are you seeking a career in the health professions? How will this workshop benefit you?
- Copy of certificate of degree of Indian blood or tribal identification card
- One Letter of Recommendation from a professor or academic advisor
- Recent Photograph for identification and publication purposes

If selected for the Pre-Admission Workshop (PAW), I agree to allow the Association of American Indian Physicians (AAIP) and the PAW participating institutions permission to contact me by telephone, mail and/or email after the PAW for the purpose of follow-up. All information provided by me is strictly confidential and will be used only for assessing program outcomes to improve future student programs. I also allow AAIP and the Four Corners Alliance schools to use any photos or videos of me taken at the 2019 PAW for advertising or outreach efforts in the future.

Signature: _____

Date: _____

AAIP mailing address: Association of American Indian Physicians
Attn. Student Programs – PAW Scholarship
1225 Sovereign Row, Suite 103
Oklahoma City, OK 73108

Applications may be e-mailed in PDF format to Gary Lankford at glankford@aaip.org