

July 22 - 26, 2013 • New Brunswick, NJ

(BioCONNECT Oncology Leadership Development)

Hosted by the LIFE Center (Ladies Professional Golf Association In the Fight to Eradicate breast cancer) at The Cancer Institute of New Jersey (CINJ) and the Center for School and Community-Based Research and Education, University of Medicine and Dentistry of New Jersey-School of Public Health

● **APPLICATION FORM** ●

INSTRUCTIONS

High school students interested in applying to attend the 2013 BOLD Initiative summer camp from July 22-26 in New Brunswick must complete and submit this application form and essay questions by **MARCH 30, 2013**.

Accepted applicants will be notified by April 26, 2013. Upon acceptance, applicants must submit a registration fee of \$75 (scholarships will be provided to children needing financial assistance) and enrollment forms by May 17, 2013 (provided after acceptance into the program).

Completed applications may be sent to: BOLD Initiative, 335 George Street, Suite 2200, New Brunswick, NJ 08901 • Telephone (732) 235-4988 • Fax: (732) 235-4960 • Email: cscbre@umdnj.edu.

STUDENT INFORMATION

Name: _____
Last
First
MI

Home Phone: _____

Address: _____

High School and School District: _____

Age as of 7/15/2013: _____ Grade Entering in Fall 2013: _____

OPTIONAL

Sex: Female Race: Black/African American White Ethnicity: Hispanic/Latino
 Male American Indian/Alaska Native More than one race Not Hispanic/Latino
 Asian Unknown/Not reported Unknown/Not Reported
 Native Hawaiian/Other Pacific Islander

BOLD INITIATIVE ESSAY QUESTIONS

Please answer the following questions in essay form. Your submission must be typed, double-spaced, and no more than two pages in length. (Be sure to put your name on your response to the essay questions.)

- Describe why you would like to participant in the 2013 BOLD Initiative summer camp and what you hope to gain from the experience.
- Discuss your long-term career and/or educational goals.
- Describe some of your extracurricular activities and how they complement your personal interests.
- If you have previously participated in an academic health or science program, please describe your experience and how it has influenced your perspective of medicine and healthcare.

PARENT/GUARDIAN INFORMATION

Name: _____ Relation to Student: _____

Day Phone: _____ Cell: _____ Email: _____

I give permission for my child to attend the 2013 BOLD Initiative at The Cancer Institute of New Jersey. If accepted into the program, I understand there is a \$75 registration fee for this program and my child's registration will not be considered complete until the registration payment & enrollment forms are received.

Parent or Guardian Signature _____

Parent or Guardian Name (please print) _____