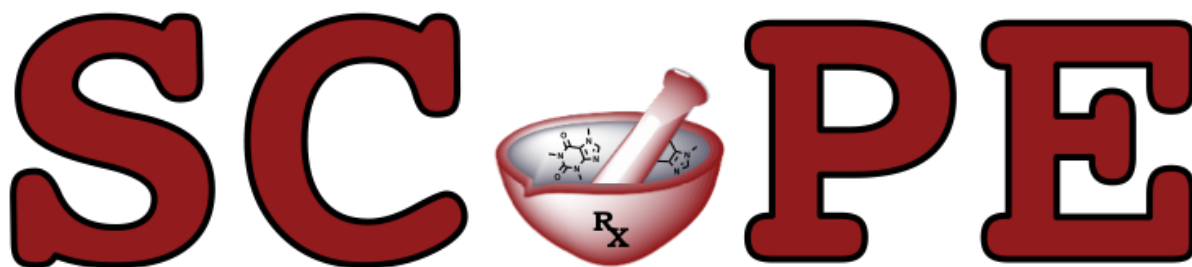

English

SURVEY INSTRUCTION

Block 10



Block 2

Application for the Summer College of Pharmacy Experiences (SCoPE) Program

Introduction

Please review all application instructions on the [SCoPE website](#).

There are 7 sections to the SCoPE application, and each must be

completed in order.

1. Demographics
2. Academic record
3. SCoPE placement preference
4. Personal statement
5. Diversity statement
6. Letters of reference
7. Application certification

Complete all sections of the application and ensure all attachments and letters of reference are submitted on or before Monday, February 1st. Interview offers will be sent by February 22nd. If you have application questions, please email scope@umn.edu

Block 11

[2021 SCoPE application content preview](#)

Demographics

Please enter your full name in the form below.

First Name

Middle (if none, enter NA)

Last

Please provide the best daytime telephone number at which to reach you (i.e. ### ###-####).

What is your preferred email address?

What is your Spring 2021 mailing address?

Street Address Line 1

Street Address Line 2

City

State

Zipcode

What is your permanent mailing address? This will be used during Summer 2021 and after for mailing items such as Human Resources documents and tax documents.

Street Address Line 1

Street Address Line 2

City

State

Zipcode

Name of a permanent contact person (e.g. parent, guardian, spouse, etc.). This will be used in the event of an emergency during your SCoPE position or in the event of returned correspondence after your SCoPE position is completed.

Phone number of permanent contact person named above
(###-###-####)

Please provide your date of birth (i.e. mm/dd/yyyy).

Date of Birth

What is your gender?

- Male
- Female
- Trans-female
- Trans-male
- Genderqueer/non-conforming
- Prefer not to say

What is the status of your citizenship?

- Currently a US citizen
- Permanent resident of the US or its possessions
- Hold an F-1, J-1, or K-1 visa

Among which of the following racial and ethnic groups do you identify (select all that apply)?

- African American
- Alaskan Native/American Indian
- Asian American
- Caucasian
- Hispanic/Latinx
- Native Pacific Islander/Native Hawaiian
- Prefer not to say
- Other

Do you have a disability?

- Yes
- No
- Prefer not to say

Are you a US veteran?

- Yes
- No
- Prefer not to say

Are you a first generation college student (i.e. a student whose parent or legal guardian has not completed a bachelor's degree)?

- Yes
- No
- Prefer not to say

Do you come from a disadvantaged background*?

- Yes
- No
- Prefer not to say

*Individuals from disadvantaged background are defined as:

1. Individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size; published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/>. For individuals from low income backgrounds, the institution must be able to demonstrate that such candidates have qualified for Federal disadvantaged assistance or they have received any of the following students loans: Health Professions Student Loans (HPSL), Loans for Disadvantaged Student Program, or they have received scholarships from the U.S. Department of Health & Human Services under the Scholarship for Individuals with Exceptional Financial Need.
2. Individuals who come from a social, cultural, or educational environment such as those found in certain rural or inner-city areas that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

Academics

Please provide the name of your current post-secondary institution.

Please provide your desired/declared major and/or minor (if applicable).

Major

Minor (NA if none)

What is your current, overall GPA (on a 4.0 scale)?

What is your current GPA for math and science courses (on a 4.0 scale)?

What post-secondary school year will you have completed by June 2021?

- First Year
- Second Year
- Junior
- Senior

What is your expected date of graduation?

Compile transcript(s) of **all** post-secondary courses you have taken and upload as a single PDF document with file name of the format LastNameFirstNamePSC.pdf For example, if Rebecca Cuellar submits an application, her file would be named CuellarRebeccaPSC.pdf The transcript(s) do not need to be scanned official copies, but if an official transcript is **not** provided, your college/university registrar may be called for verification.

List up to 10 extracurricular activities, volunteer efforts, or clubs in which you've been involved.

List up to 5 paid positions you have held.

Have you previously participated in a summer research program?

- Yes
- No

Where and when was your summer research conducted?

Research Institution

Year

SCOPE Placement Preference

How did you hear about the SCoPE Program?

- website
- professor
- advisor
- promotional event
- conference
- other, if so specify below

I am able to commit 40 hours a week for 8-10 consecutive weeks (inclusive of professional development time) sometime during the weeks of June 1 - August 31, 2020.

- Yes
- No

I understand that housing will not be provided to SCoPE scholars and have secured my own housing for summer 2021.

- Yes
- No

For which campus would you have housing available to you?

- Twin Cities
- Duluth

For those interested in participating at the Twin Cities site, please rank your preference for department placement by dragging your most preferred choice to the top of the list.

Experimental and Clinical Pharmacology

Medicinal Chemistry

Pharmaceutical Care and Health Sciences

Pharmaceutics

Have you applied to or are you planning on applying to another research position for Summer 2021?

- Yes
- No

To which additional summer research programs are you applying and when do you expect to hear back from them?

Alternative institution 1 name

Alternative institution 1 decision date

Alternative institution 2 name

Alternative institution 2 decision date

Alternative institution 3 name

Alternative institution 3 decision date

Personal Statement

Enter a personal statement detailing why you are interested in pharmacy and/or the pharmaceutical sciences; why you are interested in the SCoPE Program; which department you would prefer to be placed into and why; how your experiences have shaped your ability to be successful in this position; and how this opportunity would effect your career path. Limit 4000 characters.

Diversity Statement

The College of Pharmacy believes that diverse perspectives and ideas

enhance the learning process, demonstrate a commitment to health justice, infuse cultural humility in the professional and graduate curricula, and enrich the collegiate mission of preparing students to become part of a diverse healthcare & research workforce. Enter a narrative on how your background and unique experiences & achievements would contribute to a diverse pharmaceutical sciences workforce . Limit 4000 characters.

References

Please provide the full name and email address for your first letter of reference provider. An email will be sent to your reference requesting a letter on your behalf **only after** you submit your online application. We strongly encourage you to contact them and ensure that they will be able to meet a February 5th deadline (4 days after the application close date).

Name

Email

Please provide the full name and email address for your second letter of reference provider. An email will be sent to your reference requesting a letter on your behalf **only after** you submit your online application. We strongly encourage you to contact them and ensure that they will be able to meet the a February 5th deadline (4 days after the application close date).

Name

Email

Certification of Application

By submitting this application, I understand that I am waiving my rights to inspect the contents of my references' submissions.

- Yes
 No

I will be available for a video interview during the week of March 1st through the 5th.

- Yes
 Maybe
 No

By signing below you are acknowledging your agreement with the following statement:

The information that I have provided on this application and on all other application materials is complete, accurate, and true to the best of my knowledge. I understand that providing false information or withholding information requested on this application will make me ineligible for the SCoPE program and may result in dismissal from the SCoPE program if I am already participating. I agree to notify the SCoPE program if there are any changes to the information provided in my application. By signing my name below I agree to these terms.

×

SIGN HERE

clear

CLICKING NEXT WILL SUBMIT YOUR APPLICATION.

Application Completion Text

Thank you for your interest in the Summer College or Pharmacy Experience Program!

We will review the responses provided and inform applicants of their acceptance status by March 15th. If you have any questions regarding

the application, please email scope@umn.edu.

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