Funded by NIH, the goals of the ACCESS program are to increase the numbers and capabilities of minority scientists and science professionals and to prepare students for careers in biomedical research. The scope of this program is to increase transfer rates, graduation rates, and participation in scientific research of diverse groups of community college students.

The ACCESS Mini Research Camp is a two-day hands-on program that is designed to introduce community college students to scientific research at UCSC and kindle their interest in participating in a summer research internship. The program focuses on students whose academic goals and potential have been affected by disadvantageous circumstances and/or students who belong to groups with below-average UC enrollment rates.

Selected students will learn about research techniques used in chemistry and/or biology. Participants will observe or work with state of the art laboratory instruments, meet researchers in the biomedical field and experience the academic research environment. The program includes hands-on mini research activities which focus on techniques used in microbiology, molecular biology, chemistry and/or biochemistry.

Students will receive compensation to support the cost of transportation.

**Selection Criteria**
ACCESS is seeking students who are interested in biology or chemistry. Participants will be selected based upon:

- Interest in science
- Membership in ACCESS and participation in ACCESS
- One reference contact

**Eligibility**
Students must be currently enrolled at Cabrillo, Hartnell, Gavilan, or Monterey Peninsula College to be eligible and be a member of ACCESS. All participants must be US citizens or residents with appropriate documentation.

**UNDERREPRESENTED MINORITIES ARE STRONGLY ENCOURAGED TO APPLY**

**APPLICATION DEADLINE: December 1, 2015, 5:00 PM**

**ATTENTION:** This program is designed for students with no major experience in research. If you have previously participated in a research internship, you may be overqualified for this opportunity.
Checklist for Application to 2016 Mini Research Camp

- If you have not already done so, fill out the ACCESS Membership Application. The form is available on our website: www.access.ucsc.edu or you may contact the ACCESS Program Office and we will send it to you. You cannot be considered for the Mini Research Camp until you have completed the ACCESS Membership Application.

- Complete this application; please answer all questions on all sides.

- **Submit this application to the ACCESS Program:**
  University of California, Santa Cruz
  ACCESS Program
  Department of Chemistry and Biochemistry
  1156 High Street
  Santa Cruz, CA 95064

FOR MORE INFORMATION CONTACT:
ACCESS Program
Phone: (831) 459-4606
Fax: (831) 459-4197
e-mail: access@ucsc.edu
www.access.ucsc.edu

PERSONAL INFORMATION *(Please type or print legibly)*

Name __________________________________________ S.S.# ____________________________
First M.I. Last

Female ☐ Male ☐ Birth Date ___ / ___ / ___

E-mail __________________________________________

Current Address __________________________________________
City __________________________ State __________ Zip __________________________

Permanent Address __________________________________________
City __________________________ State __________ Zip __________________________

Current Phone (  ) ____________ Permanent Phone (  ) ____________

Check the box of the ethnic group you most strongly identify with (check only ONE):


☐ Mexican/Mexican American/Chicano ☐ Chinese/Chinese American ☐ Other Asian

☐ Other Spanish/Latino ☐ Vietnamese/Vietnamese American ☐ White/Caucasian

☐ East Indian/Pakistani ☐ Filipino/Filipino American ☐ Other (please specify) __________

☐ American Indian/Alaskan Native ☐ Pacific Islander ☐ Mixed (please specify) __________
FAMILY BACKGROUND

The primary language spoken in the home of my childhood was ________________________________

Indicate the highest education level of your father (leave blank if unknown):

- Grade Level ________  □ Some College  □ Bachelors Degree  □ Doctorate (Ph.D.)
- High School Graduate □ Associates Degree □ Masters Degree □ Other Professional Degree

Indicate the highest education level of your mother (leave blank if unknown):

- Grade Level ________  □ Some College  □ Bachelors Degree  □ Doctorate (Ph.D.)
- High School Graduate □ Associates Degree □ Masters Degree □ Other Professional Degree

Father’s Occupation ___________________________ Mother’s Occupation ___________________________

# of Brothers ______ Ages: ____________________  # of Sisters ______ Ages: ____________________
# of siblings attending college: ____________________  # of siblings graduated from college: ________

Do you have children?  □ No  □ Yes – List Ages: ________________  Single parent?  □ No  □ Yes

EDUCATION

College now enrolled ___________________________ Major/Course of study ___________________________

List any college chemistry and/or biology classes you have taken or are currently enrolled in:

________________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

OTHER COLLEGES ATTENDED:

Name ___________________________ Dates Attended ___________________________ Degree received/Units Completed ___________________________

______________________________________________________________________________________

Do you have a bachelor’s degree in any discipline?  □ YES  □ NO

PREFERRED DATES OF ATTENDANCE:

Please check the box that indicates which session you would prefer to attend:

- Session 1 on January 7 and 8, 2016
- Session 2 on January 14 and 15, 2016
- No preference – I am able to attend either session

REFERENCE REPORTS

Give the name and telephone number of one individual whom we can contact as a reference (it is strongly encouraged that he/she is a science faculty member at your current college). List an alternate in case your first choice is unavailable.

Name: ___________________________ E-mail ___________________________ Phone __________________

Alternate name: ___________________________ E-mail ___________________________ Phone __________________
**MEDICAL/ALLERGY**
Please list any medical information, including allergies, that we should be aware of.

**CERTIFICATION**
I certify that the information reported on this application, to the best of my knowledge, is true and correct. I authorize ACCESS to release the information in this application to the selection committee.

**APPLICANT'S SIGNATURE**
_________________________________________

**DATE**
____________

If I am selected as a participant, I authorize ACCESS and UC Santa Cruz to publicize any relevant scholarship and biographical information and/or publish photographs. I also agree to participate in the assessment of the ACCESS program by completing surveys and participating in focus groups and/or interviews regarding my perceptions and personal experiences in the program. I understand that all information will be treated as confidential by the researcher.

**APPLICANT'S SIGNATURE**
_________________________________________

**DATE**
____________