



# TOX-START SUMMER PROGRAM APPLICATION

All application materials are due May 10, 2006  
(High school transcripts and two recommendation forms must be submitted with application)

*Arizona students exploring pharmacy, toxicology  
and environmental health*

**PERSONAL INFORMATION:** Please type or print neatly

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M. I. : \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing  
Address \_\_\_\_\_

PO Box or Street Address      City      State      Zip Code

Country \_\_\_\_\_ Gender: Female \_\_\_\_ Male \_\_\_\_

Birthdate: \_\_\_\_\_ E-Mail \_\_\_\_\_

Citizenship \_\_\_\_\_

If not a U. S. citizen, are you a permanent resident? Yes \_\_\_\_ No \_\_\_\_

How do you describe yourself? (Please check only one)

\_\_\_ Asian/Pacific Islander: (specify) \_\_\_\_\_

\_\_\_ Native American: (specify nation) \_\_\_\_\_

\_\_\_ Black/African American

\_\_\_ Bicultural/Other: (specify) \_\_\_\_\_

\_\_\_ Other Hispanic: (specify) \_\_\_\_\_

\_\_\_ Mexican American/Chicano

\_\_\_ Puerto Rican (circle): Mainland or Commonwealth

\_\_\_ White/Caucasian

Is English your primary language? \_\_\_\_yes \_\_\_\_no

If no, what other language(s) do you speak? \_\_\_\_\_

Are you fluent in this/these language(s)? \_\_\_\_yes \_\_\_\_no

How many brothers/sisters do you have? \_\_\_\_\_Ages: \_\_\_\_\_

Have any of your brothers/sisters ever attended/completed college?

\_\_\_\_yes \_\_\_\_no

**EDUCATIONAL BACKGROUND:**

High school presently attending: (Please spell out) \_\_\_\_\_  
City \_\_\_\_\_

Present year in high school: \_\_9<sup>th</sup> \_\_10<sup>th</sup> \_\_11<sup>th</sup> \_\_12<sup>th</sup>

Science and Math education: List the titles and grades received for science and math courses taken in high school. Please note that your high school transcript must be submitted along with your application).

Science Courses	Letter Grade	Math Courses	Letter Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you plan to attend college? \_\_yes \_\_no  
Check all that apply: \_\_community college \_\_4 year institution  
\_\_other (specify) \_\_\_\_\_

Have you attended any other summer programs? \_\_yes \_\_no  
If yes, when and where? \_\_\_\_\_

What are your career choices at the present time? Please number your Top 3 choices, #1 being your first choice, #2 being the second choice and #3 being the third choice. If you mark any that say "other", please specify what other career you would like to explore.

- |   |   |
|---|---|
| <input type="checkbox"/> Medical Doctor                 | <input type="checkbox"/> Nursing field                                  |
| <input type="checkbox"/> Health Science-related Ph.D.   | <input type="checkbox"/> Research Scientist-Ph.D.                       |
| <input type="checkbox"/> Pharmacist                     | <input type="checkbox"/> Other health-related career (not listed) _____ |
| <input type="checkbox"/> Toxicologist                   | <input type="checkbox"/> Other science-related career _____             |
| <input type="checkbox"/> Environmental Health Scientist | <input type="checkbox"/> Other (not science or health-related) _____    |
| <input type="checkbox"/> Public health employee         |   |

**ACTIVITIES:**

List extracurricular and sports activities in which you have participated in while attending high school:

List any honors you have received while attending high school:

List paid and voluntary jobs held during high school:



**FAMILY BACKGROUND: To be completed by parent or guardian**

Parents' marital status:  Married  Divorced/Single Parent  
 Legally Separated  Widowed

If divorced, single, or legally separated, mark who has legal custody:  Father  Mother  Guardian

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Employment \_\_\_\_\_  
 Phone Number \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Education Background  
 K-8  9-12   
 College  K-8   
 Highest degree earned \_\_\_\_\_

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 College  K-8   
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 K-8  9-12   
 College  K-8   
 Highest degree earned \_\_\_\_\_

Has anyone in the student's family ever worked in a health career field?  yes  no

If yes:	Relationship to student	Health Care Field
	_____	_____
	_____	_____

How likely is it that your child, who is applying to this program will attend college?  very likely  somewhat likely  not likely

What would prevent your child from pursuing educational goals after high school? \_\_\_\_\_

**CONSENT / CONSENTO:**

PARENT OR GUARDIAN MUST INITIAL EACH BOX TO INDICATE THAT CONSENT HAS BEEN GIVEN.

1. MEDIA RELEASE:

I hereby grant this program permission to record my child/ward's likeness and/or voice for use by television, films, radio, or printed media to further the aims of this program in related campaigns and magazine articles, booklets, posters and in other ways they may see fit.

CONSENTIMIENTO DE PUBLICIDAD DE PRENSA:

Doy mi consentimiento al programa y la oficina de asuntos de minorias del colegio de medicina en la Universidad de Arizona (University of Arizona College of Pharmacy Community Outreach and Education Program), incluyendo otros programas asociados con nuestro programa, para grabar la imagen o la voz, o ambas, de mi hijo(a) o estudiante bajo mi custodia para usar en la television, cinta de pelicula, radio, o en la prensa para campanas o articulos en revistas, folletos, cartelones y en otras maneras que la programa quiera utilizar con el fin de alcanzar sus objetivos.

PLEASE INITIAL BOX TO INDICATE CONSENT

2. CONSENT TO ACCESS ACADEMIC RECORDS:

I authorize and permit the staff of this program to view and make copies of academic records and/or transcripts for purposes related to operating and studying the programs and activities sponsored by Tox-Start.

PERMISO PARA ADQUIRIR DOCUMENTOS ACADEMICOS:

Yo autorizo y doy mi consentimiento al personal de la oficina de Tox-Start en la Universidad de Arizona (University of Arizona College of Pharmacy Community Outreach and Education Program), incluso los miembros del personal y otros programas asociados con nuestro programa, para que revise y haga copias de documentos academicos y certificados de estudios para la evaluacion de metodos, actividades y programas patrocinados por la oficina.

PLEASE INITIAL BOX TO INDICATE CONSENT

3. Guidelines

- Tox-Start involves coursework and seminars. An outside job, summer school, or summer camp during the week is strongly discouraged.
- We reserve the right to remove students from the summer program at any time for misconduct or noncompliance with policies and procedures.

PLEASE INITIAL BOX TO INDICATE CONSENT

I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE GUIDELINES AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant:

\_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian:

\_\_\_\_\_

Date: \_\_\_\_\_