



**Pre-Admission Workshop Application**  
Hosted by the University of Minnesota Medical School  
We Ko Pa Resort & Conference Center  
Scottsdale, AZ  
July 23-25<sup>th</sup>, 2018

**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)	_____	Are you a US Citizen?	_____

**Part II. Contact Information**

**Current / Mailing Address**

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

**Permanent Address** (if same, please indicate)

Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type of Residence:      Reservation      Rural      Urban  
(Circle one)

**E-mail Addresses**

Main E-mail \_\_\_\_\_  
Alternate E-mail \_\_\_\_\_

### Part III. Emergency Contact Information

#### Emergency Contact

Contact Name	_____	Relationship	_____
Home Phone	_____	Dietary Restrictions	_____
Cell Phone	_____		_____

### Part IV. Education Information

College/University	_____		
Major	_____	Minor	_____

#### School Year (circle the one that applies)

Freshman	Sophomore	Junior	Senior	Graduate	Other
Cumulative GPA	_____	Health career goal	_____		

#### List Awards, Honors, or Special Achievements

Name of Award/Honor	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](http://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>			
<i>College &amp; Medical Students</i>			
Financial Aid / Scholarships			
National Institutes of Health (NIH) Research Training Opportunities			
Spirit of EAGLES Mayo Clinic Research Training Program			
National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK)			

*Scholarship awarded on a one-time basis only.*

Application must be in the CAIMH office no later than **Monday, July 9th, 2018.**

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? Please note, you will use this statement during the workshop to develop your AMCAS personal statement.
- 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

Please return applications to the  
Center of American Indian and Minority Health:

Attn: PAW Application  
CAIMH, Medical School Duluth  
SMED 182, 1035 University Drive  
Duluth, MN 55812

Or email application to [caimh@d.umn.edu](mailto:caimh@d.umn.edu)