



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

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 College & 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