



Diné College

Summer Research Enhancement Program (SREP) Public Health and Health Research

2021 Application Form

Applicant: COMPLETE EACH ITEM TO THE BEST OF YOUR KNOWLEDGE. **Incomplete applications will not be accepted.** Selection process will be completed in late March 2021. Please provide an email address you are able to access from March to May 2021 so that we can contact you about your selection and other details. Questions and submission of the completed form may be directed to SREP@DineCollege.edu

PART I – GENERAL INFORMATION

Application Deadline: March 19, 2021

PLEASE PRINT CLEARLY OR TYPE

Name: (Last, First, MI) _____ Male Female

Email Address: _____ Date of Birth: _____ SS# _____

Tribal Affiliation: _____ Provide a copy of CIB or Tribal ID YES NO

Will you have a vehicle from June 14 to July 23, 2021 to drive to your practicum site for 6 weeks? YES NO

Comments: _____

CURRENT ADDRESS (where you currently are living at)

Street or P.O. Box #: _____

City _____ State _____ Zip _____

Shipping Address (for FEDEX type mailings)

Street#: _____

City _____ State _____ Zip _____

Contact numbers
Telephone: () _____

Message: () _____

SUMMER Residence (where you will be living this summer)

Street or P.O. Box #: _____

City _____ State _____ Zip _____

Shipping Address (for FEDEX type mailings)

Street#: _____

City _____ State _____ Zip _____

Contact numbers
Telephone: () _____

Message: () _____

Please inform us about any physical disabilities, medical conditions or transportation problems, if applicable.

Have you been convicted of a felony or DUI within the past 7 years? YES NO

Part II – EDUCATIONAL BACKGROUND

College or University currently attending: _____ Cumulative GPA: _____

Address: _____ City: _____ State: _____ Zip: _____

College Classification: Freshman Sophomore Junior Senior Other: _____

College Major: _____

List any honors or awards you have received:

List clubs or associations you are affiliated with: _____

List other extracurricular activities:

Check computer applications you have used: Word Excel Power Point Blackboard

Part III – SCHOOL TRANSCRIPT

Please submit your unofficial college transcripts from all Universities and Colleges attended with this application.



TO THE PROGRAM APPLICANT: Please print or type your name, address, and the name of the person you have asked to provide the recommendation. Please ask two individuals to complete the Recommendation Form. The letters of recommendation should be from your science, math, health or social science instructors who can comment on your academic performance.

PART V – RECOMMENDATION

Students Name: *(Last, First, MI)* _____

Students Mailing Address: _____ City: _____ State: _____ Zip: _____

Recommender's Name: _____ Department: _____

TO THE RECOMMENDER:

The applicant named above is applying for a position as a student intern in the Summer Research Enhancement Program. The purpose of the 10-week program is to develop interests and skills among Native American freshman and sophomore college students in public health prevention research.

Please complete the information requested on this form. Your comments will be kept completely confidential. Your candid completion of this recommendation is greatly appreciated.

How long and in what capacity have you known the applicant? _____

How do you rate the Applicant? 1 to 5 5 being the best student you have had.	Accomplished in this area	Does well in this area	Performs adequately in this area	Requires reinforcement in this area	Not observed
Intellectual & Reasoning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and Effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation & Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add your comments, including an assessment of the applicant's potential performance as a student research intern. Include such topics as previous accomplishments, intellectual independence, capacity for analytical thinking, ability to organize and express ideas clearly and creatively, motivation, and scholarly potential. You may use the space below or separate document.

Please indicate your overall assessment of the applicant:

- Endorse Endorse with reservations Do not Endorse at this time

Recommender's Name (Print or Type): _____
Title: _____

School or Agency: _____

Address: _____ Town/City: _____ State: _____ Zip: _____

Telephone Number () _____ Email Address: _____

Signature: _____ Date: _____

Thank you for your valuable assistance. Please send this Recommendation Form to SREP@DineCollege.edu
Or by mail to
Dr. Mark C. Bauer, Diné College
Summer Research Enhancement Program
PO Box 580, Shiprock, NM 87420



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Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Endorse Endorse with reservations Do not Endorse at this time

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Title: _____

School or Agency: _____

Address: _____ Town/City: _____ State: _____ Zip: _____

Telephone Number () _____ Email Address: _____

Signature: _____ Date: _____

**Thank you for your valuable assistance. Please send this Recommendation Form to SREP@DineCollege.edu Or by mail to
Dr. Mark C. Bauer, Diné College
Summer Research Enhancement Program
PO Box 580, Shiprock, NM 87420**