



INDIANS INTO MEDICINE (INMED) PROGRAM

University of North Dakota School of Medicine and Health Sciences

Program Dates: June 11th-July 20th

2012 PATHWAY APPLICATION

Tribal Community College to UND Transfer Program

Please submit application AFTER January 1st / Deadline is March 31st

Name (Last, First, MI): Social Security #:

EMPL ID # (if known):

Date of Birth:

Age:

Gender: Female Male

Mailing Address: City: State: Zip Code:

(Box or Street Address)

Telephone Number: E-mail:

Permanent Address: City: State: Zip Code:

(Box or Street Address)

Permanent Telephone Number:

Name of Tribe and Reservation:

*Are you an Enrolled Member or a Descendent? Yes (if yes, check the following that are applicable)

I am an Enrolled Member

No (if no, move to the next question)

I am a Descendent

Marital Status:

If Married, Spouse's Name (Last Name, First Name, MI):

Spouse's Work Telephone Number: Ext.:

Spouse's Cell Phone Number:

ACADEMIC INFORMATION

What semester will/did you enter UND? Fall Spring Summer Year:

Year (Level) in college, please check: Freshman Sophomore Junior Senior Graduate

	SCHOOL NAME	ADDRESS	Program	Grad Date
High School:	<input type="text"/>	<input type="text"/>		
Tribal College 1:	<input type="text"/>	<input type="text"/>		
Tribal College 2:	<input type="text"/>	<input type="text"/>		
College/University 1:	<input type="text"/>	<input type="text"/>		
College/University 2:	<input type="text"/>	<input type="text"/>		
Technical College:	<input type="text"/>	<input type="text"/>		
Other:	<input type="text"/>	<input type="text"/>		

FOR STATISTICAL PURPOSES / PLEASE COMPLETE THE FOLLOWING:

Parents' Marital Status: Single Married Divorced Widowed Separated

Father's Information:

Name:

Address:

City: State: Zip Code:

Country:

Home Phone: Work Phone:

Place of Employment:

Job Title:

Education Level Completed:

If Other (please specify):

Mother's Information:

Name:

Address:

City: State: Zip Code:

Country:

Home Phone: Work Phone:

Place of Employment:

Job Title:

Education Level Completed:

If Other (please specify):

Do you have any siblings?: Yes No

Brother/s Age (s):

Sister/s Age (s):

The following information is for INMED Federal Grant Purposes

Personal Information, please check/answer those that apply:

- Grew up in a single parent household
- Grew up in a home of extended family (ex: grandparents, aunts, uncles, etc.)
- Number of brothers and sisters (list number) Number:
- High School only offered, very limited college preparatory course
- First generation to graduate from a four-year college
- Primary language spoken in the home is/was not English
- Break in formal education process Number of years:
- Pre-college entrance exams
- Type of Exams and Scores:
- Member of federally recognized tribe
- Low-income status (please refer to the table)

check this if your parents' family income is at or less than the stated income level

For Family units with more than 8 members, add amounts listed below columns for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

Source: Federal Register 2011, <http://aspe.hhs.gov/poverty/>

Does the family receive?

- General Assistance
- AFDC
- Social Security, Disability or Retirement Benefits
- Supplemental Social Security Income

Type of School You Attended:

please check/answer those that apply

- Indian Boarding School
- Rural, On reservation or near reservation
- Rural, Off reservation
- Urban, non-Indian School
- Urban, Indian School

Do you have any children?:

Son/s Age (s):

Daughter/s Age (s):

2011 HHS Federal Poverty Guidelines

Size of Family Unit	48 Contiguous States & D.C.	Alaska	-	Hawaii
1	\$10,890	\$13,600	-	\$12,540
2	\$14,710	\$18,380	-	\$16,930
3	\$18,530	\$23,160	-	\$21,320
4	\$22,350	\$27,940	-	\$25,710
5	\$26,170	\$32,720	-	\$30,100
6	\$29,990	\$37,500	-	\$34,490
7	\$33,810	\$42,280	-	\$38,880
8	\$37,630	\$47,060	-	\$43,270
Over 8-Add	\$3,820	\$4,780	-	\$4,390

AUTOBIOGRAPHICAL SKETCH

*Tell us about yourself and why you want to participate in the INMED Pathway Summer Program. If you need more space, attach an additional sheet. **(Please type additional sheet)***

APPLICATION REQUIREMENTS

The following must be submitted to have a complete application and be considered for the INMED Pathway Summer Program. Please make sure all documents are included and check off all boxes when completed.

- Completed Application Form
- Autobiographical Sketch
- Two letters of recommendation
- Official academic transcript
- Documentation of tribal enrollment and/or descentence from a federally recognized tribe

Tell us if the following items and processes have been met and/or need to be done:

UNDERGRADUATE LEVEL

Applied to UND Admissions and/or Housing Office & for Financial Aid Completed Need to Complete

Specify your chosen major:

e.g. Pre-academic programs (Pre-Nursing), math, or science majors, etc..

ALLIED HEALTH PROFESSIONS - Professional level

Applied directly to my UND chosen college Completed Need to Complete

Specify your chosen profession:

If Other (please list):

SIGNATURE

I certify that all information provided is true and correct to the best of my knowledge. I understand the INMED Program will use this information solely for the purpose of determining participant eligibility and student tracking.

Applicant's Signature: _____ Date: _____

Return to: INMED Program
UNDSMHS Room 2101
501 North Columbia Road Stop 9037
Grand Forks, ND 58202-9037

For questions / additional information, please call:
(701) 777-3037 or 1-800-CALL-UND
and ask for the INMED Program OR
email us at: kathleen.fredericks@med.und.edu

For INMED Office Staff Use Only

Application Complete: Yes No Assigned Advisor: _____

Tribal Enrollment documentation Yes No

Autobiographical Sketch Yes No

Student applied & accepted to UND: Yes No

Student applied & accepted to chosen college: Yes No

Student Accepted to INMED: Yes No

Date entered into database: _____ By: _____

INMED Letter of Recommendation Form

This Letter of Recommendation is for , who is applying for entrance
*Applicant, Please insert your name
into the **Indians Into Medicine(INMED) Pathway Summer Program** at the University of North Dakota.

Space is provided below or submit a personal letter and attach to INMED form. **(Please type)**

SIGNATURE

DATE

Your Name:

Your Position:

Telephone:

Length of Time You Have Known the Applicant:

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