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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Follow the instructions below to submit your BRAIN Application**  **Applications are due the last Friday in February!** **No late applications will be accepted.**  **Submit your completed, typed application with:**   * 2 (two) recommendation letters from any of your teachers, coaches, counselors, or principals.   **AND**   * 1 (one) recommendation letter from a community member. This can be a neighbor, pastor, or job supervisor or boss.   **via one of these 3 methods:**   1. In person to Mrs. Marlise Ramsey by **3:25pm** on the last Friday in February. 2. Scan and email to [brainohio@gmail.com](mailto:brainohio@gmail.com) by **11:59pm** on the last Friday in February. 3. USPS mail to:   BRAIN  P. O. Box 145  Cuyahoga Falls, Ohio 44222  Should you choose to mail your application, you are responsible for ensuring that it is received by the last Friday in February. Keep in mind that due to the closure of the local Akron processing center in 2015, all mail dropped in Akron goes first to the Cleveland processing center and then back to Akron for delivery.  **You will be notified by the 2nd week in March via email of your acceptance into BRAIN.**  **You can type directly into this application which begins on page 2 below. Use this checklist to be sure you have:**  **\_\_\_\_ A total of 3 letters of recommendation**  **\_\_\_\_ Answered all questions completely**  **\_\_\_\_ Parent or Guardian signature/date**  **\_\_\_\_ Your signature/date**  **Thank you for your interest in participating in BRAIN!** | | | | | | | | | | | |
| **BRAIN Application**  **Applications are due the last Friday in February!** | | | | | | | | | | | |
| **STUDENT INFORMATION** | | | | | | | | | | | |
| Today’s Date | | | | | | | | | | | |
| First Name/Middle Initial/Last Name | | | | | | | | | Birth Date | | |
| Home Street Address | | | | | | | | | | | |
| City | | | State | | | | | | | Zip | |
| Cell Phone | | | Home Phone | | | | | | | Work Phone (or enter N/A) | |
| E-mail | | | | | | | | | | | |
| **PARENT/GUARDIAN INFORMATION** | | | | | | | | | | | |
| Mother | | | | | Email | | | | | | |
| Cell Phone | Home Phone | | | | | | | Work Phone | | | |
| Father | | | | | Email | | | | | | |
| Cell Phone | Home Phone | | | | | | | Work Phone | | | |
| **EMERGENCY INFORMATION** | | | | | | | | | | | |
| Emergency Contact | | Relationship | | | | | | | | | |
| Cell Phone | | Home Phone | | | | | Work Phone | | | | |
| **EDUCATIONAL INFORMATION** | | | | | | | | | | | |
| High School  Buchtel Community Learning Center  1040 Copley Road  Akron, Ohio 44320 | | | | Current GPA | | Current Class Rank | | | | | Graduation Year |
| **ANSWER EACH ESSAY QUESTION BELOW IN ONE - TWO SHORT PARAGRAPHS** | | | | | | | | | | | |
| **APPLICATION ESSAY: Question 1--Describe your career aspirations.** | | | | | | | | | | | |
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| **APPLICATION ESSAY: Question 2--Describe your current understanding of the field of biostatistics. You may have to do some research on the topic if you have never heard of biostatistics.** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **APPLICATION ESSAY: Question 3-Describe any research goals you have or any research experience you have gained. This can include in-school and/or extra-curricular activities environments.** | | | | | | | | | | | |
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| **APPLICATION ESSAY: Question 4-Describe any desired learning objectives you seek to achieve by participating in this program.** | | | | | | | | | | | |
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| **APPLICATION ESSAY: Question 5-Describe how you believe your participation in the program can benefit children or your general community.** | | | | | | | | | | | |
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**Your signature: Date:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your parent/guardian signature: Date:**

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