UC Psychology E.M.E.R.G.E. Program
(Ethnic Minority Enrichment in Research and Graduate Education)

Application

Eligibility
The eligibility requirements include: active enrollment as an undergraduate in an accredited college or university; completion of sophomore year by the start of the program; 3.0 grade point average; underrepresented minority status (e.g., African American, Hispanic, or Native American) and a strong intent to pursue a doctorate in psychology upon completion of the Bachelors degree. Students must also be 18 years of age or older at the start of the program and either have health insurance or sign an insurance waiver. Selection for this program is based upon a student's academic record, application, and his/her faculty recommendation.

The application must be received by April 23, 2012.

Transportation Costs
Transportation to the University of Cincinnati will not be covered. However, upon arrival, transportation accommodations to and from the airport and for all E.M.E.R.G.E events will be provided.

Housing and Meals
No cost dorm room accommodations will be made available for all E.M.E.R.G.E. participants. Local students may opt out of the housing arrangements but must be able to participate in the program in its entirety. Meals will be provided for all program participants beginning from check-in to departure from the program.

How to Apply
Please submit the following materials in a single envelope by the deadline above:
✓ Application
✓ 1 letter of reference from a faculty member (preferably in Psychology)
✓ Official Transcripts for all colleges attended
✓ Mail complete packet to:
  UC Psychology E.M.E.R.G.E. Program
  Attn: Karen Eichelbrenner
  Edwards One 4150 N
  The University of Cincinnati
  P.O. Box 210376
  Cincinnati, OH 45221
Personal Information

Name: _______________________________________________________________________
(First)    (M.I.)    (Last)

Gender: □ Male       □ Female       Are you 18 years of age or older? □ Yes       □ No

What is your race/ethnicity?

□ Black or African American

□ Hispanic or Latino

□ Native American

□ White

□ Other (Specify): _____________________

Mailing Address: ________________________________________________________________

______________________________________________________________________________

Permanent Address: _______________________________________________________________

______________________________________________________________________________

Phone Number: (      ) ______________________________

Email Address: _________________________________________________________________

Alternate Email Address: _________________________________________________________

Do you have health insurance? □ Yes □ No

If you do not have insurance, would you be willing to sign an insurance waiver? □ Yes □ No

Academic Information

Name of Current Institution: _______________________________________________________

Institution Address: _____________________________________________________________

Years Attended: ________________________

Major: ___________________  Grade Point Average: ______________________
Will your sophomore year of college be completed by this fall (required for admission to program)? □ Yes □ No

If you require any special accommodations (e.g., physical, dietary), please describe:

__________________________________________________________________________

**Honors and Awards**

Please list all relevant honors and awards below.

**Educational and Career Plans**

Describe your educational and career plans. Is there a particular area of psychology that interests you? Please specify.

**Research Experience**

Briefly list any relevant research experiences, presentations, or publications (include the title of the project, supervisor/authors and dates) below.
Program Goals
Describe what you hope to get out of this program.

Faculty Reference
Please list the name of the faculty member who has provided a letter of reference for you.

Name: _________________________________________________________________

Position: _______________________________________________________________

Email Address: __________________________________________________________

Phone: (_  _  _)________________________________________________________________

There is not a specific form that must be filled out by the faculty member who is recommending you for this program; rather, we are interested in a brief letter that describes your skills and achievement, and your potential for doctoral level training. The letter of reference should be in a sealed envelope with the faculty member’s name signed across the flap, and should be enclosed in a single packet together with this application form and original copies of your transcript(s).