



UC LEADS PROGRAM APPLICATION

University of California, Davis
Surge IV, Suite 409, One Shields Avenue, Davis, CA 95616
Phone: (530) 752-0604, Deadline information can be found at:
www.uclads.ucdavis.edu



Check all that apply. I wish to have my application considered for the: ___ UCD LEADS program ___ UCSF LEADS program ___ both
Note: UCSF recruits students with biology related interests. UCSF also requires you to fill out a supplement form in addition to this application.

I. APPLICANT INFORMATION

Name _____
Last First Middle

Current Address _____
City State Zip

Permanent Address _____
City State Zip

Davis/Local Phone (_____) _____ Permanent Phone (_____) _____

Social Security Number _____ e-mail Address _____

Date of Birth _____ Place of Birth _____ Student ID _____ Male Female

Citizenship (check one): U.S. Citizen Permanent Resident Other (specify) _____

How do you describe yourself? (check all that apply):

- African American Asian Caucasian Pacific Islander
 - Chicano/Latino Filipino Southeast Asian Native American
- _____ (tribe)

What was the first language you spoke at home: _____

II. FAMILY INFORMATION

Father's Name _____
Last First Middle

Highest Grade Completed (please circle): 4 5 6 7 8 9 10 11 12 13 14 15 16

College Degree Earned (Check all that apply):

- Bachelor's Master's Doctorate None

Mother's Name _____
Last First Middle

Highest Grade Completed (please circle): 4 5 6 7 8 9 10 11 12 13 14 15 16

College Degree Earned (Check all that apply):

- Bachelor's Master's Doctorate None

III. FINANCIAL INFORMATION

Are you currently eligible to receive financial aid? Yes No

If yes, please attach a copy of your UC Davis financial aid award letter.

With regard to financial aid, are you considered to be independent or dependent on your parents? _____

If Independent:

What is the size of your household, including yourself, spouse, and/or other dependents? _____

Did you file a federal income tax return for last year? _____

If yes, what was your **taxable** income? \$ _____

(Can be found on **IRS Form 1040-Line 39 / IRS Form 1040A-Line 25 / IRS Form 1040EZ-Line 6**)

** Please include a photocopy of the appropriate federal income tax return.*

If Dependent:

What is the size of your parent's household, including yourself, spouse, and/or other dependents? _____

Did your parents file a federal income tax return for last year? _____

If yes, what was their **taxable** income? \$ _____

(Can be found on **IRS Form 1040-Line 39 / IRS Form 1040A-Line 25 / IRS Form 1040EZ-Line 6**)

** Please include a photocopy of the appropriate federal income tax return.*

IV. EDUCATIONAL INFORMATION

List the names of all colleges and universities attended.

| School Name | Enrolled From (Month/Year) | To (Month/Year) |
|-------------|-------------------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please enclose a copy of official transcripts of all colleges previously attended, including UC Davis, or arrange for transcripts to be sent to the UC LEADS Program office.

V. PERSONAL STATEMENT

The Personal Statement is required of all applicants. Please describe the strengths and challenges of your preparation for graduate study, your reasons for undertaking graduate study at the doctoral level and your career objectives. Provide your personal insights as to why you should be selected for participation in this program and what you expect to gain from this experience. In addition, please identify the contributions that you wish to make to your chosen field of study as well as to your community. You should address each of these topics in a statement not to exceed 1,000 typed words. (Please type, double space your statement, staple it to the application, and sign below.)



Signature _____ Date _____

LETTER OF RECOMENDATION

Please Check:

Faculty

Other

This section to be completed by the applicant.

Full Legal Name _____

Social Security Number _____

Proposed Field of Graduate Study _____

(Optional) Waiver: I voluntarily wave all rights to review this letter of recommendation conferred by the Family Education Rights and Privacy Act of 1974. (The alternative selected will not affect consideration of the application for admission.)

Signature _____ Date _____

This section is to be completed by the recommender and returned directly to the McNair Program office.

1. How long have you known the applicant and in what capacity?
2. Briefly describe your observations of the applicant's motivation for graduate study and/or commitment to the academic and professional goals of attaining a Ph.D.
3. What is your candid appraisal of the applicant's intellectual ability, aptitude in research, potential for doctoral study, and the quality of previous work?
4. Please list the areas in which you believe this applicant needs to develop in order to ensure his/her successful admission to an academic doctoral degree program.

Recommender's Name _____ Date _____

School/Other _____ Positon/Title _____

Address _____

Signature _____ Date _____

Please mail this form to:

**UC LEADS Program
University of California, Davis
Surge IV, Suite 409
One Shields Avenue
Davis, CA 95616**

Thank you for your prompt response.

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Thank you for your prompt response.