

**Bridging the Gap: Summer Experiential Learning in Food and Nutrition**

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***THE DEADLINE FOR RECEIPT OF APPLICATIONS,  
INCLUDING THE LETTERS OF RECOMMENDATION, IS MARCH 9, 2018***

**1. PERSONAL INFORMATION**

First Name:

Last Name:

E-mail:

Phone:

Date of Birth (mm/dd/yyyy):

U.S. Citizen: ☐

Resident Alien: ☐

**Your Permanent Address:**

Street:

City:

State:

Zip:

Phone:

**Your Address at School if different:**

Street/Dorm:

School Name:

City:

State:

Zip:

Use my school address until:

I am difficult to contact (from-to):

**2. COLLEGE/UNIVERSITY ATTENDANCE**

**College/university in which you are currently enrolled:** Name:

City:

State:

Dates of attendance (mm/yyyy):

From:

To:

**College/university in which you were previously enrolled (if applicable):**

Name:

City:

State:

Dates of attendance (mm/yyyy):

From:

To:

Academic standing by June 1, 2018:

Freshman ☐

Sophomore ☐

Junior ☐

Senior ☐

Major:

Minor:

**Plans after Graduation:** Graduate School ☐

Medical/Dental School ☐

Employment ☐

Undecided ☐

Other:

**3. TRANSCRIPT & GPA**

**A transcript, including Fall 2017 grades, must accompany this application. Copies are acceptable.**

Overall GPA:

Math/Science GPA:

**4. RESEARCH INTERESTS**

If selected as a participant in our REU program, what areas of food and nutrition research are of interest to you? Please mark all that apply.

Laboratory/molecular: ☐

Laboratory/animal: ☐

Laboratory/human ☐

Community based: ☐

Our web site: <http://cahnr.uconn.edu/BridgingTheGap> lists specific research groups that you might join if you were selected, and it provides links to their web sites for further information. Please list your first, second and third choice projects below.

First Choice:

Second Choice:

Third Choice:

#### **5. PERSONAL STATEMENT**

Write a short essay detailing your interest in food and nutrition, any previous research experiences, personal and professional goals, and how you believe this program would assist in attaining them:

4000 characters, including spaces, maximum lengths

**6. LETTERS OF RECOMMENDATION**

Please arrange for two letters of reference from those familiar with your academic work. It is your responsibility to request that the letters be sent to us by these references. The letters may be e-mailed, faxed or mailed to the address provided at the bottom of Page 3. Letters may be prepared by using the Letter of Recommendation form provided at our web site under Applications: <http://cahnr.uconn.edu/BridgingTheGap>

**Recommender 1**

First and Last Name:

Title:

Institution:

City, State:

Email:

Phone:

**Recommender 2**

First and Last Name:

Title:

Institution:

City, State:

Email:

Phone:

**7. OPTIONAL PERSONAL INFORMATION**

This information is requested for statistical analysis only. No personal information about you as an individual will be revealed. Please also see the waiver below.

**Gender:** M ☐ F ☐**Ethnicity/Race:** White, not of Hispanic origin ☐ Hispanic ☐ Asian ☐  
African/American, not of Hispanic origin ☐ Native American ☐ Pacific Islander ☐**Highest level of education for either parent;** No college ☐ Some college ☐ Associate's degree ☐ Bachelor's degree ☐  
Graduate degree ☐**8. WAIVER**

I hereby grant the Bridging the Gap program permission to use the information I have provided here, with the proviso that none of this information about me will be accessible to anyone other than the qualified researchers performing the aggregation of information from all applicants and the statistical analysis of that aggregate data, and that these researchers will not report, disclose, or publish any specific information about me individually.

Accept ☐Reject ☐

Your willingness to participate in this statistical survey will aid the development of this federally funded program. However, your acceptance or rejection of this waiver will in no way affect consideration of you for admission to our program.

**9. SIGNATURE**

May we, if appropriate, share your application with another campus or regional summer experience program?

Yes ☐ No ☐

If submitting electronically, please type your full name in the 'Signature' field. If submitting in hard copy, please sign in ink.

**Signature:****Date (mm/dd/yyyy):****10. APPLICATION CHECKLIST**Personal info (sections 1) ☐ School info (section 2) ☐ GPA (section 3) ☐ + current transcript included ☐Research interests (section 4) ☐ Essay (section 5) ☐ 2 Letters of references initiated (section 6) ☐ ☐Optional personal information (section 7) ☐ Waiver (section 8) ☐ Signature (section 9) ☐

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**Applications should be returned for receipt by March 9 to:****email:** [BridgingtheGap@uconn.edu](mailto:BridgingtheGap@uconn.edu)**Fax:** (860) 486-3674**Mail:** Hedley Freake,  
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