

Knight Scholars Program

Application – Introduction 2020

http://www.ohsu.edu/knightscholars

[knightscholars@ohsu.edu](mailto:knightscholars@ohsu.edu)

This application and all supplemental materials MUST be submitted online by 11:59 PM (PST) on February 21, 2020.  Please review all of the application instructions thoroughly. Only completed applications submitted by the deadline will be reviewed. Selection and notifications will take place by March 31, 2020.

**Note:  Please have all information below prepared prior to starting your application online. You cannot save your work and return to it later. This Word version is provided should you wish to type and edit your essay responses and then cut and paste them into your online (Qualtrics) application.**

Eligibility Requirements:

Must be entering 10th or 11th grade in Fall 2020 and be at least age 15 by the start of the program July 12, 2020.  Preference is given to 10th grade students.

This program is only open to students at:

* Woodburn High School: WeBSS, WACA, AIS and WAAST
* Jefferson High School (Portland)
* Culver High School
* Madras High School, including members of the Confederated Tribes of Warm Springs
* Klamath Falls City School District and Klamath County School District high schools and members of the Klamath Tribes

To receive the stipend, student must be a U.S. citizen, permanent U.S. resident, or Deferred Action for Childhood Arrivals (DACA) eligible. A DACA applicant must have an employment authorization card via USCIS.

Q2.1 Last Name:

Q2.2 First Name:

Q2.3 Home Address (please include: street or PO Box, city, state and zip code):

Q2.4 Student Cell phone:

Q2.5 Can you receive text messages at this number without additional cost?

* Yes
* No

Q2.6 Alternate phone (if applicable):

Q2.7 Student E-mail address that you check frequently:

Q2.8 Parent or guardian name(s):

Q2.9 Parent or guardian email address:

Q2.10 Parent or guardian cell phone number:

Q2.11 Alternate parent or guardian name (if applicable):

Q2.12 Alternate parent of guardian email address (if applicable):

Q2.13 Alternate parent or guardian phone number (if applicable):

Start of Block: PLEASE TELL US ABOUT YOURSELF

|  |
| --- |
|  |

Q3.1 Date of birth:

Q3.2 How old will you be at the start of the program (July 12, 2020)?

Q3.3 Grade level in September 2020:

Q3.4 Name of your school:

Q3.5 What is your current grade point average (GPA)?

Q3.6 Have you previously applied to this Knight Scholars Program?

* Yes
* No

Start of Block: ESSAYS (short answer for each)

Q4.1 **No word limit, minimum of two paragraphs. This will be the primary way that we will be evaluating your application. The Knight Scholars Program is an internship opportunity that provides hands on experience in cancer research**.

Q4.2 Please describe the reason you would like to participate in this program and what you are hoping to gain from this experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4.3 Tell us about one of your favorite science or math experiences thus far (it could be a class, camp, program, science fair, or something that raised your interest).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4.4 This program includes research opportunities over future summers. Please indicate your level of interest in participating in research training beyond this 7-day experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start of Block: ITEMS TO INCLUDE WITH YOUR APPLICATION

Q5.1 One Recommendation:

Please have a teacher, community leader, coach, or counselor, or someone who knows you and your academics/work submit a recommendation for you via the link on our website. The questionnaire should be completed by someone who can speak about your curiosity, problem solving abilities, and perseverance. **www.ohsu.edu/knightscholars**

Recommendation writer contact information:

Q5.2 Name:

Q5.3 How do they know you?

Q5.4 Phone:

Q5.5 Email:

Start of Block: FAMILY & BACKGROUND

Q6.1 Parent/Guardian 1 education level

* High School
* GED
* Some College (no degree)
* Associate's Degree
* Bachelor's Degree
* Master's Degree
* Doctoral Degree (MD/PhD)

Q6.2 Parent/Guardian 2 education level

* High School
* GED
* Some College (no degree)
* Associate's Degree
* Bachelor's Degree
* Master's Degree
* Doctoral Degree (MD/PhD)

Q6.3 Will you be a first generation college student? (i.e., the first person in your family to attend college - older siblings going to college does not disqualify you as a first generation college student)

* Yes
* No

Q6.4 Are you fluent in a language that is not English?

* Yes
* No

Q6.5 If yes, what language?

Start of Block: DEMOGRAPHICS

Q7.1 All students are welcome in the Knight Scholars Program.  The Knight Scholars Program is funded by the National Institutes of Health (NIH) with the goal of increasing diversity in cancer research, a component of biomedical research.  It is our goal to recruit and train diverse students who may one day become biomedical researchers.  The NIH considers three groups underrepresented in biomedical sciences:

1. Racial and ethnic groups comprising of Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians, and other Pacific Islanders.
2. Individuals with disabilities.
3. Individuals from disadvantaged backgrounds such as those from low-income families or individuals who come from a social, cultural, or educational environment such as rural or inner-city environments which demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

These demographic questions are intended to help us better recruit diverse students into the Knight Scholars Program.  You may decline to answer any of these questions until admission to the Knight Scholars Program. Preference will be given to students of diverse backgrounds.

Q7.2 Gender: What is your gender? (Options may include, but are not limited to: female, male, non-binary, transgender, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7.3 What pronouns should we use when contacting you? (e.g, he/him, she/her, they/them, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7.4 What is your race and ethnicity? (please select all that apply)

* Hispanic or Latino
* African American or Black
* American Indian or Alaskan Native
* Asian
* Native Hawaiian or Pacific Islander
* White or Caucasian
* Unknown
* Prefer not to answer

Q7.5 Do you have a disability? Disabilities may be physical, learning, medical, or developmental.

Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities, as described in the [Americans with Disabilities Act of 1990, as amended](http://www.ada.gov/pubs/adastatute08.htm).

* Yes
* Prefer not to answer
* No

Q7.6 What disability accommodations will you need during your time with the Knight Scholars Program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7.7 Do you have any food allergies or dietary restrictions should we know about?

* Yes
* No

Q7.8 If yes, please list any food allergies so we can plan accordingly.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q7.9 Would you characterize yourself as an individual from a disadvantaged background?

Individuals from disadvantaged backgrounds, [defined by the NIH](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html) as those who meet two or more of the following criteria:

1. Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act
2. Were or currently are in the foster care system, as defined by the Administration for Children and Families
3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years
4. Have/had no parents or legal guardians who completed a bachelor’s degree
5. Were or currently are eligible for Federal Pell grants
6. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child
7. Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas. Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.

* Yes
* No

Q7.10 If yes, please describe briefly:

Q7.11 Please share anything else you would like us to know (optional):

Start of Block: TERMS and CONDITIONS

Q8.1 I agree to participate in the Knight Scholars Program for the ENTIRE duration this summer (Sunday, July 12, 2020-Saturday, July 18, 2020).

* Yes, I agree
* No, I do not agree
* I have questions about this and would like someone from the Knight Scholars Program to contact me before agreeing.

Q8.2 I agree to participate in the research study being conducted as part of the Knight Scholars Program. (Evaluation includes surveys and interviews about your experiences with the program. The NIH asks that we track participants for up to 10 years after participating in the program to understand how academic goals and progress may be impacted by the program.)

As part of this agreement, I will keep my contact information up to date with the Knight Scholars Program and will participate in evaluation for up to 10 years.

* Yes, I agree
* No, I do not agree
* I have questions about this and would like someone from the Knight Scholars Program to contact me before agreeing.

Q8.3 I understand that upon acceptance to the Knight Scholars Program, OHSU will not issue any stipend payment until the required paperwork and documents are provided.

* Yes, I agree
* No, I do not agree
* I have questions about this and would like someone from Knight Scholars to contact me before agreeing.

Q8.4 I agree to all the terms and conditions of the OHSU Code of Conduct. (http://ohsu.ellucid.com/documents/view/13349/?security=27eb3b339b737a82cd48b3282cdd3be05e75d10e)

* Yes, I agree
* No, I do not agree
* I have questions about this and would like someone from the Knight Scholars Program to contact me before agreeing.

Q8.6 Comments on any Terms and Conditions:

Q8.7 Student signature: (Please type your name here acknowledging the information above is truthful and accurate.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q8.8 Signature Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q8.9 You have reached the end of the Knight Scholars Application. If your application is complete, please hit next to submit the application. If you would like to review your application, press the back arrow to do so now.

BY PRESSING NEXT YOU ARE SUBMITTING YOUR APPLICATION TO OHSU AND YOU WILL BE UNABLE TO EDIT ANY FURTHER.

END