



The University of Texas at El Paso  
College of Health Sciences  
Minority Health and Health Disparities International Research Training  
(MHIRT)

Contact: Adriana Escajeda, Administrative Assistant  
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2019 STUDENT APPLICATION

**Application Deadline: February 8<sup>th</sup>, 2019 @ 5:00 p.m.**

**PROGRAM ORIENTATION SESSIONS ARE SCHEDULED FOR:**

**January 30<sup>th</sup>, 2019 @ 12 p.m. HSN Rm 213**

**January 30<sup>th</sup>, 2019 @ 3 p.m. HSN Rm 213**

*PLEASE PRINT OR WORD PROCESS YOUR APPLICATION*

Applicants **MUST** meet the minimum following requirements in order to be considered as eligible for the MHIRT program:

Be a US Citizen, Non-citizen National of the U.S., or Legal Permanent U.S. Resident (birth certificate or passport required);

Have a 3.25 GPA minimum (unofficial transcript required);

Undergraduate (Junior or Senior), Graduate Student (Post-baccalaureate) or Pre-Doctoral UTEP student (unofficial transcript required);

Be enrolled as a full-time student at the time of application and program participation

Have a declared major in a pre-professional basic science, health, or human service discipline both during the time of application and program participation;

Applicants must be individuals from a group underrepresented in biomedical, behavior, clinical and social sciences. This includes members of racial and ethnic groups that have been identified by the National Science Foundation to be underrepresented in biomedical research (including Blacks, African Americans, Hispanic Americans or Latinos, American Indians and Alaska Natives, Native Hawaiians and other Pacific Islanders); rural and low socio-economic groups.

The above are **BASIC** program requirements which **MUST** be met. There are no exceptions as these are requirements from the funding source for this program.

**Additional Program Requirements:**

Spanish fluency (oral, written and spoken)

Dedicate full time to MHIRT program during their participation which requires that applicant cannot engage in outsider employment during the MHIRT experience.

Post-baccalaureate and pre-doctoral applicants must provide Graduate School Letter of Acceptance with their MHIRT application.



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**Additional Program Requirements:**

**Applicants are required to complete Course 3380/5380 Special Topics in Health Sciences (Hispanic Health Disparities) and Course 3180/5180 Special Topics in Health Sciences: (Directed Research and Statistics) during the academic period of MHIRT participation. Additional academic requirements for post-baccalaureate and pre-doctoral applicants are noted on the website.**

**Each applicant MUST submit a RESUME, UNOFFICIAL TRANSCRIPT and THREE LETTERS OF REFERENCE (minimum of 2 letters must be from professors: current or past) All required documents MUST BE SUBMITTED AT THE TIME OF APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Applicants meeting ALL eligibility requirements as noted above will be interviewed by the MHIRT Faculty Committee.**

**PERSONAL INFORMATION**

Applicant Name:

\_\_\_\_\_

First	Middle	Last
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Cell Phone # \_\_\_\_\_ UTEP Email Address: \_\_\_\_\_

UTEP STUDENT ID # \_\_\_\_\_

**CONTACT INFORMATION**

Permanent Mailing Address (*This should be an address where you can always be reached*) such as your parent's, next of kin's or relative's address.

Next of Kin Name (for purposes of emergency notification)

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City	State	Zip Code
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_____	_____
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Telephone # of Next of Kin

Cell # of Next of Kin

\_\_\_\_\_

Alternate Cell Phone # for Next of Kin

**NOTE: ALL PHONE #s provided MUST be from a U.S. telephone carrier service.**



**ACADEMIC INFORMATION**

Declared Academic Major: \_\_\_\_\_ Overall GPA: \_\_\_\_\_

Classification: Junior: \_\_\_\_\_ Senior: \_\_\_\_\_

Post-baccalaureate \_\_\_\_\_ Pre-doctoral \_\_\_\_\_

If post-baccalaureate or pre-doctoral what year of your academic program have you completed \_\_\_\_\_?

Total # of semester credit hours to be completed at the end of current semester: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Are you currently receiving financial aid or a scholarship? Yes  No

Are you currently participating in any UTEP research project and/or program?

Yes  No

If **YES**, please specify the name of the research project or program you are currently engaged in \_\_\_\_\_.

**DEMOGRAPHIC INFORMATION**

**Citizenship Status: Check ONE Only**

Are you a United States Citizen:

Non-Citizen National of the U.S.:

Legal Permanent U.S. Resident:

**Ethnicity Category: Check ONE Only**

Hispanic or Latino:

Non-Hispanic or Latino:

**Race Category: Check ONE Only**

American Indian/ Alaskan Native:  Asian:

Black or African American:  Native Hawaiian/Pacific Islander:

White:  Other: \_\_\_\_\_



**EMPLOYMENT AND VOLUNTEER SERVICE HISTORY**

**Are you employed?**

No:

Yes:  Employer:  Hours/Week:

Supervisor's Name:

Employer's Address:

Employer's Telephone Number:

**VOULUNTEER WORK OR COMMUNITY SERVICE (current or during the past 2 years):**

Name of Organization:

Supervisor's Name:

Organization Address:

Organization Telephone Number:  # of Volunteer hours/week

Duties:

Name of Organization:

Supervisor's Name:

Organization Address:

Organization Telephone Number:  # of Volunteer hours/week

Duties:

Name of Organization:

Supervisor's Name:

Organization Address:

Organization Telephone Number:  # of Volunteer hours/week

Duties:

**SPANISH LANGUAGE COMPETENCY (SELF-ASSESSMENT)**

Ability to **READ** in Spanish:

Yes/Fluently:  Limited:  No:

Ability to **SPEAK & COMPREHEND** Spanish:

Yes/Fluently:  Limited:  No:

Ability to **WRITE** in Spanish:

Yes/Fluently:  Limited:  No:



## **RESEARCH SKILLS & EXPERIENCE**

Research Skills: Describe your previous research and/or current experience (s), in the space provided below:

State your experience in laboratory research, field research, statistical analysis, or other research related activities.

Laboratory Experience

Field Research

Statistical Analysis

Other Research Related Activities



For each of the included research categories, please indicate your level of experience:

<b>On a rating of 1-5, with 1 indicating MINIMAL and 5 indicating EXTENSIVE experience</b>			
	Minimal	Some	Extensive
Designing experiments to test a hypothesis			
Stating a research hypothesis			
Collecting research data			
Analyzing research data			
Interpreting research data			
Presenting research data			
Reading research critically			
Behaving responsibly with regard to scientific conduct of research			
Developing and presenting scientific research findings			
Writing scientific papers			

### **PERSONAL STATEMENT**

Please explain in **500 words or less** why you should be selected to participate in the MHRT program. **Your 500 word personal statement should help us learn more about you as a student and potential MHRT program trainee. Please use Aerial 11 font.**

In your personal statement please address the following points:

- (1) What interests you about Hispanic health disparities and why?
- (2) How will participation in the MHRT program assist you in advancing a research career in Hispanic health disparities?
- (3) Include a summary of your background, attributes, and skills which highlight your specific qualifications which make you an outstanding applicant for MHRT program trainee.
- (4) Tell us about your academic goals
- (5) Tell us about your future professional career
- (6) What areas of biomedical or behavioral science/research are you interested in?



## **REFERENCES**

Please provide **three** letters of reference from individuals who can attest to your academic abilities as well as your character and ability to adjust to diverse settings/environments. **Two** of these letters **MUST** be from UTEP Professors with whom you have taken a class or are currently taking a class with.

In addition to the Letters of Reference, please include the following information for EACH individual who is providing a recommendation letter for you:

### **RECOMMENDER (1)**

NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### **RECOMMENDER (2)**

NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### **RECOMMENDER (3)**

NAME: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



## APPLICATION CHECKLIST

Use this checklist to indicate/ensure that you have submitted all items as part of your application packet. **INCOMPLETE PACKETS WILL NOT BE ACCPETED/MODIFIED.** Applicants who submit incomplete information will **NOT INTERVIEWED.**

- 1. Completed application
- 2. Transcript
- 3. Current Resume
- 4. Letters of Reference (3)
- 5. Personal Statement
- 6. Copy of Birth Certificate
- 7. Copy of Current Government issued ID
- 8. Current Passport (If applicable):
- 9. Copy of UTEP STUDENT ID

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please be sure that all of the required information and documents are contained in your application packet as you will not be able to modify it once submitted. **SUBMIT SIX (6) COPIES (front-sided copy only no double-sided copying please) of your COMPLETED** application in one package with your name on it. Hand-delivered application packet should be submitted to:

**Ms. Adriana Escajeda  
MHIRT Program Administrative Assistant  
The University of Texas at El Paso  
Health Sciences & Nursing Building  
Dean’s Office Front Desk HSN RM 368**



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