

Application Diversity Scholars Program
November 13th – 14th 2021

First Name									Last Name													
Preferred Name									Pronouns													
Permanent Address			Street																			
			City				State			Zip												
Present Address (if different from above)			Street																			
			City				State			Zip												
Phone									Email													
Citizenship Status (Check Box)			<input type="checkbox"/>			U.S Citizen			<input type="checkbox"/>			U.S. Permanent Resident			<input type="checkbox"/>			Other				
College/University									Anticipated Graduation Date													
Undergraduate Major									Minor													
<p align="center">Human diversity is complex and the Department of Diversity & Inclusion, would like to have a broad understanding of who is applying for this opportunity. Please answer the following questions.</p>																						
Which social group do you identify with?			<input type="checkbox"/>		Poor		<input type="checkbox"/>		Working Class		<input type="checkbox"/>		Middle Class		<input type="checkbox"/>		Upper Middle Class		<input type="checkbox"/>		Affluent	
Do you have a long-lasting or chronic condition (physical, visual, auditory, cognitive or mental, emotional, or other) that substantially limits one or more of your major life activities (your ability to see, hear, speak, walk or move your body; to learn, remember, or concentrate)?												<input type="checkbox"/>		Yes		<input type="checkbox"/>		No				
Do you require any accommodations? (Check Box)												<input type="checkbox"/>		Yes		<input type="checkbox"/>		No				
Are you the first in your family to earn a Bachelor's / postsecondary degree?			<input type="checkbox"/>		Yes		<input type="checkbox"/>		No		Are you the first in your family to attend graduate school?			<input type="checkbox"/>		Yes		<input type="checkbox"/>		No		
<p align="center">Please indicate your race and ethnicity. Check all that apply.</p>																						
<input type="checkbox"/>			African American/Black			<input type="checkbox"/>			Asian/Pacific Islander			<input type="checkbox"/>			American Indian/Alaskan Native							
<input type="checkbox"/>			Hispanic/Latino			<input type="checkbox"/>			White, Non-Hispanic			<input type="checkbox"/>			Other (Please Specify)							
<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>										
Sexual Orientation																						
Gender Identity																						
APPLICATION CHECKLIST FOR ADLER DIVERSITY SCHOLARS PROGRAM (DEADLINE – FRIDAY, SEPTEMBER 10, 2021) <ul style="list-style-type: none"> • This application, signed and dated • An updated copy of your resume or Curriculum Vitae (CV) • Recommendation – Please provide one letter of recommendation from an individual who can speak about your academic potential. • Essay – Please submit a statement (500 words maximum) describing your future career goals and commitment to working with underrepresented populations. • A copy of your unofficial transcripts. 																						
The information I present in this application is complete and accurate to the best of my knowledge, I understand that any award made will not be valid if information is withheld or misinformation is given.																						
By checking this box, I certify that the information I submit in this application is complete and accurate to the best of my knowledge. I understand that this application is not valid if information is withheld or misrepresented.																						
Applicant Signature: _____						Date: _____																