

UW School of Pharmacy

STEP Summer Program- Application Form

July 24-27, 2017
sop.uw.edu/step



Applicant Information:

First Name: _____ Last Name: _____

Birthdate: _____

Gender: _____ Current GPA (Weighted/Unweighted): _____

Home Address: _____

Email Address: _____

Current High School: _____

High School Address: _____

Year in School in Fall 2017 (Please circle below):

Freshman

Sophomore

Junior

Senior

Name of High School Advisor/Counselor: _____

Email Address: _____

Applicant Signature: _____ Date: _____

Required Personal Statement:

Please submit a 500-word personal statement discussing your interest in health/healthcare. Also, tell us about any volunteer work or internships you have had.

Parent/Guardian Information:

First Name: _____ Last Name: _____

Home Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

Parent/Guardian Signature: _____ Date: _____

This application and two letters of recommendation are due by March 17, 2017

Please Return to Noelle Enguidanos
Email: Noellee@uw.edu or
Mail: 1601 NE Columbia Rd., Box 357631, Seattle, WA 98195

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UW.EDU