



STUDENT INFORMATION:

Full Name:

First Name *Last Name*

Address:

Street Address *Apt/Unit #*

City *State or Country* *Zip Code*

Contact:

Student Email *Personal Email* *Phone Number*

School:

University/Institution *Field of Study* *Expected Graduation Date
(mm/dd/yyyy)*

**Enrollment
Status:**

Full-time *Part-time*

What year in school will you be during the 2021-2022 school year?

Community College student Undergraduate Junior or Senior Graduate or Doctoral Degree

**only community college students in the US-Affiliated Pacific Islands are eligible*

Are you a U.S. citizen, U.S. national, or an eligible noncitizen?

Eligible noncitizens include U.S. permanent residents with a Permanent Resident Card (I-551) or conditional permanent residents with a Conditional Green Card (I-551C), and residents of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.

Yes, I am a U.S. citizen or U.S. national. No, I am an eligible noncitizen. No, I am not a citizen or eligible noncitizen.

Faculty Mentor / Academic Advisor:

<i>First Name</i>	<i>Last Name</i>
<i>Email</i>	<i>Phone Number</i>

PROJECT INFORMATION:

Organization:

Address:

<i>Street Address</i>	<i>Apt/Unit #</i>
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<i>City</i>	<i>State or Country</i>	<i>Zip Code</i>
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Supervisor:

<i>First Name</i>	<i>Last Name</i>	<i>Job Title</i>
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<i>Email</i>	<i>Phone Number</i>
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Dates of Project:

<i>Start Date (mm/dd/yyyy)</i>	<i>End Date (mm/dd/yyyy)</i>	<i>Total Hours</i>
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Project Title:

Project Goal Statement:

Please provide a comprehensive goal statement for your project. This statement should be 1-2 sentences and should describe the overall outcome the student expects upon completion of the project (i.e., how will this project impact or help improve health outcomes for the target population?)

Project Management Plan:

Please provide a minimum of 3 objectives for your project and the activities that will be taken to accomplish each objective. These objectives can be related to what the student expects to learn by carrying out their project or what the student hopes to accomplish or deliver as part of the project.

Objective 1:	
Activities:	Anticipated Completion Date:
Objective 2:	
Activities:	Anticipated Completion Date:
Objective 3:	
Activities:	Anticipated Completion Date:

How does this project relate to your academic and/or career interests?

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Student Signature: _____
signature

Date: _____
mm/dd/yyyy

Faculty Mentor Signature: _____
signature

Date: _____
mm/dd/yyyy

Supervisor/Preceptor Signature: _____
signature

Date: _____
mm/dd/yyyy

Submit completed application via email to wrphtc@arizona.edu