

**Summer Residential Enrichment Program (SREP)**  
**2006 Application**

**University of Illinois at Chicago School of Public Health**  
School of Public Health (m/c 923), 1603 West Taylor Street, Room 152, Chicago, Illinois 60612  
(312) 996-5955 phone, (312) 355-2556 fax

Check one:

- First-Time Applicant       Previously applied in \_\_\_\_

Please type or neatly print.

1. Proposed term of Academic enrollment into a degree program. (check and indicate year):

Fall (August) Year 20\_\_\_\_

2. Full Legal Name

\_\_\_\_\_  
Last/Family Name/ Surname      First/Given/Personal      Middle

3. U.S. Social Security Number

| | | | - | | | - | | | | |

4. Current Mailing Address (good until what date):

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

5a. Permanent Legal Home Address:

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

5b. Chicago Residents

In which community area do you live? (See attached map of Chicago community areas)

\_\_\_\_\_

5c. Address of nearest relative:

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

5d. Email address (if applicable)

\_\_\_\_\_

6. Date of Birth

| | | | - | | | - | | | | |

7. Sex

male

female

8. Self-identification\*

Other

\_\_\_\_\_  
(Please specify)

American Indian/Alaskan Native

Black, not of Hispanic origin

Asian/Pacific Islander

White, not of Hispanic origin

Hispanic/Latino

\* Your response will not adversely affect your application. The information is requested so that this program may demonstrate its compliance with federal regulations.

9a. Current Home Phone Number \_\_\_\_\_

9b. Permanent Home Phone Number \_\_\_\_\_

9c. Nearest Relative Phone Number \_\_\_\_\_

10. Citizenship Status:      US      Permanent Resident

If immigrant/permanent resident:     Alien registration # \_\_\_\_\_

11. Are you an Illinois resident?      Yes (see below)      No

Length of residence   year \_\_\_\_\_   month \_\_\_\_\_

Town/City \_\_\_\_\_

12a. List the name of institutions you have attended where university level work has been completed.

Name (Begin with the most recent)	City/Town	State	Date of Attendance (from and to/current)	Degree received

12b. College/University \_\_\_\_\_ Major \_\_\_\_\_

13. Emergency Contact:

Name	Phone

14. Name of references (at least one must academic):

Institution	Name	Phone

15. Academic Interest:

Area of Public Health you are interested in pursuing (Academic Divisions in Public Health):

- Biostatistics      Epidemiology      Community Health Sciences
- Environmental and Occupational Health Sciences
- Health Policy and Administration
- Undecided      Other (specify) \_\_\_\_\_

Do you plan to attend the UIC-School of Public Health?     Yes             No

Have you ever used the HCOP service(s) offered by the UIC School of Public Health?  
 Yes             No

If yes, which service(s)? \_\_\_\_\_  
 \_\_\_\_\_

21. Family:

Father's Occupation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

How many years of formal education has your father completed? \_\_\_\_\_

How many years of formal education has your mother completed? \_\_\_\_\_

Number of siblings \_\_\_\_\_

Total # in parents' household \_\_\_\_\_ Total income \_\_\_\_\_

Total number living at your residence if different from your parents'  
 (Include yourself in this count) \_\_\_\_\_

Total income at your residence if different from your parents' \_\_\_\_\_

22. Did you attend     public or     private high school?  
 Please give name \_\_\_\_\_

23. If accepted into the program, would you be in need of special assistance due to any  
 physical/mental conditions?     Yes     No  
 (Please describe) \_\_\_\_\_

24. GRE Scores (if you have taken the test within the past five years)  
 Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_

25. MCAT Verbal Reasoning \_\_\_\_\_ Physical Sciences \_\_\_\_\_  
 Writing Sample \_\_\_\_\_ Biological Sciences \_\_\_\_\_

26. Certification: I understand that withholding information, including attendance at any other  
 institution, requested on this application or giving false information makes me ineligible for admission to the  
 program or subject to dismissal. I have carefully read the application instructions and the application. I certify  
 that all the information I have provided is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Low Income Levels for 2005-06

Size of Parent Family	Income level
1	\$18,620
2	24,980
3	31,340
4	37,700
5	44,060
6	50,420
7	56,780
8	63,140

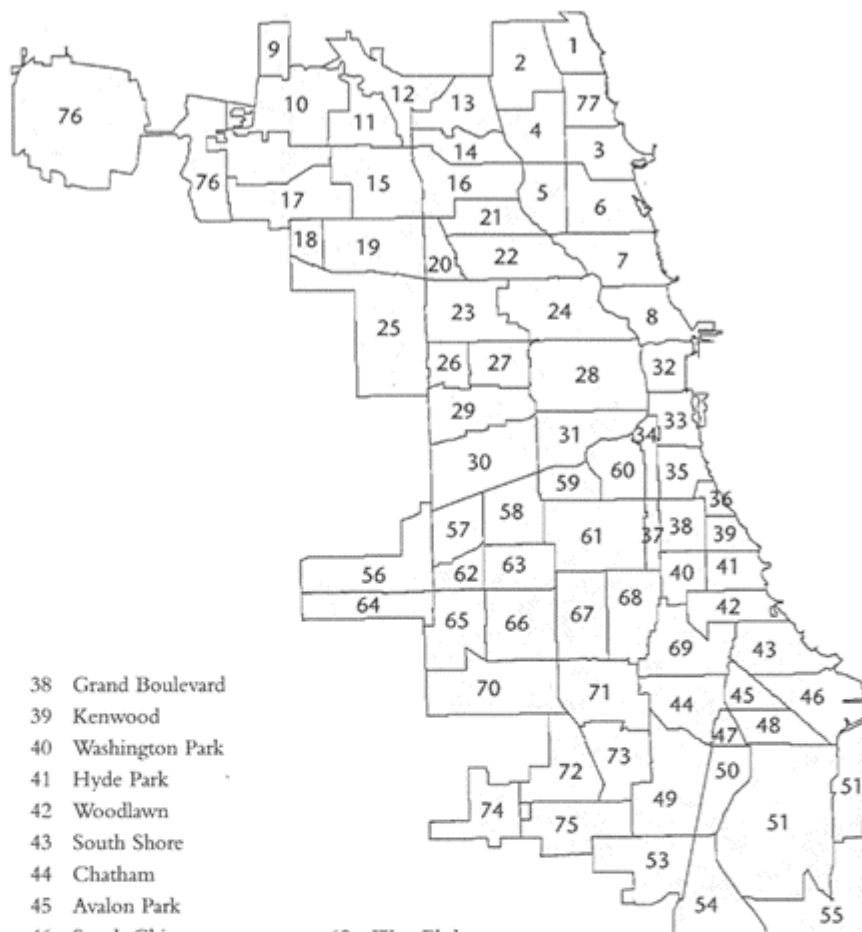
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**For Official Use Only**

Coder ID	Application	Resume	Personal Statement	References	Transcripts

R—received  
 A—acceptable  
 N—not received  
 T—not acceptable

## Chicago Community Areas of Residence

- 1 Rogers Park
- 2 West Ridge
- 3 Uptown
- 4 Lincoln Square
- 5 North Center
- 6 Lakeview
- 7 Lincoln Park
- 8 Near North Side
- 9 Edison Park
- 10 Norwood Park
- 11 Jefferson Park
- 12 Forest Glen
- 13 North Park
- 14 Albany Park
- 15 Portage Park
- 16 Irving Park
- 17 Dunning
- 18 Montclare
- 19 Belmont Cragin
- 20 Hermosa
- 21 Avondale
- 22 Logan Square
- 23 Humboldt Park
- 24 West Town
- 25 Austin
- 26 West Garfield Park
- 27 East Garfield Park
- 28 Near West Side
- 29 North Lawndale
- 30 South Lawndale
- 31 Lower West Side
- 32 Loop
- 33 Near South Side
- 34 Armour Square
- 35 Douglas
- 36 Oakland
- 37 Fuller Park



- 38 Grand Boulevard
- 39 Kenwood
- 40 Washington Park
- 41 Hyde Park
- 42 Woodlawn
- 43 South Shore
- 44 Chatham
- 45 Avalon Park
- 46 South Chicago
- 47 Burnside
- 48 Calumet Heights
- 49 Roseland
- 50 Pullman
- 51 South Deering
- 52 East Side
- 53 West Pullman
- 54 Riverdale
- 55 Hegewisch
- 56 Garfield Ridge
- 57 Archer Heights
- 58 Brighton Park
- 59 McKinley Park
- 60 Bridgeport
- 61 New City
- 62 West Elsdon
- 63 Gage Park
- 64 Clearing
- 65 West Lawn
- 66 Chicago Lawn
- 67 West Englewood
- 68 Englewood
- 69 Greater Grand Crossing
- 70 Ashburn
- 71 Auburn Gresham
- 72 Beverly
- 73 Washington Heights
- 74 Mount Greenwood
- 75 Morgan Park
- 76 O'Hare
- 77 Edgewater