

UNIVERSITY OF MIAMI- Miami Dade Community College  
NATIONAL INSTITUTES OF HEALTH/HOWARD HUGHES MEDICAL INSTITUTE  
**BRIDGES TO THE FUTURE PROGRAM**  
Application Form

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Ethnicity: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Permanent Resident: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, give alien registration # \_\_\_\_\_

High School: \_\_\_\_\_

S.A.T. Score: \_\_\_\_\_ Weighted G.P.A: \_\_\_\_\_ Unweighted G.P.A: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ GPA Certification \_\_\_\_\_

*High School Counselor Signature*

Parent's Name: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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Please write a brief essay addressing the following questions:

1. What are your career goals?
2. Why are you interested in this program?
3. What research experiences, if any, have you had in high school?

Each applicant needs to submit:

1. At least two letters of recommendation (one must be from a high school teacher or counselor).
2. A copy of your high school transcript.

**DEADLINE: POSTMARKED BY APRIL 23, 2006**

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**THIS SCHOLARSHIP IS DESIGNED TO SUPPLEMENT THE FINANCIAL AID THAT YOU RECEIVE (FEDERAL, STATE, AND LOCAL INCLUDING AID FROM THE UNIVERSITY OF MIAMI).**

**Please mail the completed application form & other required documents to appropriate campus:**

Dr. Robert Pope  
Dept. of Biology  
Miami-Dade-Kendall  
11011 SW 104<sup>th</sup> Street  
Miami, FL 33176  
[rpope@mdc.edu](mailto:rpope@mdc.edu)

Dr. Carter Burrus  
Honors College  
Miami-Dade – North  
11380 NW 27<sup>th</sup> Avenue  
Miami, FL 33127  
[eburrus@mdc.edu](mailto:eburrus@mdc.edu)

Virginia Fuillerat  
Honors College  
Miami-Dade Wolfson  
300 NE 2<sup>nd</sup> Avenue  
Miami, FL 33132  
[vfuiller@mdc.edu](mailto:vfuiller@mdc.edu)