

**APPLICATION TO THE NATIONAL INSTITUTES OF HEALTH BRIDGES
PROGRAM**

**Please fill in the following information and return to your College Bridges Director
OR mail to Dr. Denis M Medeiros, Dept of Human Nutrition, 213 Justin Hall,
Kansas State University, Manhattan, KS 66506:**

Name: _____

Community College (Check one):

- Dodge City Community College
- Garden City Community College
- Seward County Community College

Social Security Number: _____ - _____ - _____

Gender:

- Male
- Female

Ethnicity (Check ONLY one):

- No ethnicity selected
- American Indian or Alaskan Native
- Asian not a pacific islander
- Black not of Hispanic origin
- Mexican
- Mexican-American
- Puerto Rican
- Cuban
- Other Hispanic
- White not of Hispanic Origin
- Pacific Islander

Currently employed part or full time?:

- yes
- no

Resident Status (Check ONLY one):

- No resident status
- Permanent resident
- Citizen
- Other

Desired Degree (Check all that apply):

- Associate's
- Bachelor's

Date you began your studies: Month_____ Year_____

Your current major: _____

Please tell us why you wish to enter the Bridges program, what you hope to gain from it, and where you would like to be 10 years from now in your career? As a suggested length, 750-1000 words is a useful guideline.