



FUTURE DOCTORS 2009-2010

University of Utah School of Medicine, Office of Diversity & Community Outreach
30 North 1900 East, 1C117, Salt Lake City, UT 84132-2101
(801) 587-7672

Personal Information (PLEASE PRINT CLEARLY!)

Name: _____
Address: _____ City _____ State _____ Zip _____
Phone #: _____ Email: _____
Date of Birth: _____ Gender (circle): M F
High School: _____
Grade Level (circle): 9 10 11 12 Graduated
Have you participated in this program before? (circle) Yes No
Would you be interested in joining the Future Doctors Facebook Group? Yes No

Completion of the following section is optional

Please circle the answers that best describe your background

- Ethnicity**
 - African American
 - Asian American
 - Caucasian/White
 - Hispanic (please specify) _____
 - Native American/Alaskan Native (tribal affiliation) _____
 - Pacific Islander (please specify) _____
 - Other (please specify) _____
- What is the primary language spoken in your home?**
 - English
 - Spanish
 - American Indian Language (please specify) _____
 - Asian Language (please specify) _____
 - Other (please specify) _____
- What is the secondary language, if any, spoken in your home?**
 - English
 - Spanish
 - American Indian Language (please state) _____
 - Asian Language (please state) _____
 - Other (please state) _____
- What is the highest level of education achieved by your mother?**
 - Completed high school
 - Some college
 - Completed college
 - Post-graduate work (Master's, Doctoral or Professional)
 - Other (please state) _____
- What is the highest level of education achieved by your father?**
 - Completed high school
 - Some college
 - Completed college
 - Post-graduate work (Master's, Doctoral or Professional)
 - Other (please state) _____
- Do you have a working computer at home?**
 - Yes
 - No