



## Project HEALTH Application

Please only submit pages from here forward. You can keep the first 3 pages for your records. If you are applying to more than one program, please make the appropriate number of copies of your application.

### GENERAL INFORMATION

Name: \_\_\_\_\_ Year: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

University Mail Address: \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

How did you hear about Project HEALTH? \_\_\_\_\_

Do you speak any languages other than English? If so, how fluently?

---

---

---

Please describe your computer, statistics, health research, and media/video/photo skills and/or experience. Do you have experience conducting surveys? (Note: None of this is required)

---

---

---

---

---