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?

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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)

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