



# The DOF Foundation

## Pathway Program

### Application for Pathway Program

#### Welcome

Thank you for applying to DOF Pathway Program. This pathway will provide a mentoring, academic, enrichment, community-focused and support program for selected students with the goal of successfully matriculating into college, medical school and other healthcare professions.

To apply, please read the following information and complete all sections of the application.

To be considered for selection, you must meet the following requirements:

1. Commitment to health sciences
2. Interest in being mentored and guided to achieve self-desired goals.
3. Willingness to commit to a structured program.
4. Commitment by the student to participate and stay in program for at least one year.
5. In good standing in current school

#### Program Benefits

If you are accepted to the pathway program, you will be mentored and supported to meet the following requirements:

- Educational enrichment and development workshops
- Support for required exams, coursework and rotations.
- Opportunities for shadowing, electives and scholarly work
- Introduction to health-related topics and programs
- Involvement in scholarly activities and productivity
- Networking opportunities with Attending Physicians, Resident Physicians, medical students, and health care professionals in your field of interest
- Potential for letters of recommendation
- Scholarship opportunities
- Academic and fun fieldtrips and events



# The DOF Foundation

## Pathway Program

### Program Information

#### Start Date

The program offers a rolling start Date in the Fall.

#### Application Directions

Please note the following as you complete the application:

#### Please check the following Items

- I understand that it is my responsibility to ensure that DOF Foundation has received all my application materials.
- I understand and will be able to meet the requirements for matriculation as described.

### Personal Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Suffix \_\_\_\_\_ Preferred Name \_\_\_\_\_

High School \_\_\_\_\_ Grade level: \_\_\_\_\_

Principal \_\_\_\_\_ School counselor \_\_\_\_\_

#### Permanent Address

Country \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

#### Current Address

Country \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

#### Contact Information

Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Confirm Email \_\_\_\_\_

Mobile Phone \_\_\_\_\_

#### Biographical Information

Gender  Female  Male  Other

Birthdate \_\_\_\_\_



# The DOF Foundation

## Pathway Program

### Personal Background

The questions in this section are entirely optional and voluntary. We appreciate if you choose to answer them because it will provide data that can be used for program assessment and development

#### *How do you self-identify?*

Are you Hispanic or Latino?       Yes       No

Select one or more of the following races:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other

#### **Please check as many of the following as apply to you.**

- English is my second language.
- I am from a family that lives in Los Angeles county.
- I am from a family that receives public assistance (e.g. food stamps, Medicaid, public housing) or I receive public assistance.
- I am the first generation in my family to attend college (neither my mother nor my father attended college).
- I am a first generation American (I was not born in the United States)
- I am a second generation American (One or both of my parents were not born in the United States)
- I am a foster child.
- I am an adopted child.
- Other please state \_\_\_\_\_



# The DOF Foundation

## Pathway Program

### Employment Information

Please list any employment with your most recent experience first. Your CV/resume should thoroughly describe your job duties and accomplishments.

Organization Name	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Extracurricular Information (clubs, associations, music, athletics, etc.)

Please list any extra-curricular experiences with your most recent experience first. Your CV/resume should thoroughly describe your duties and accomplishments.

Organization Name	Position/Title	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list your hobbies, and interests.

---

---

---

### Volunteer Information

Please list any volunteer experiences with your most recent experience first. Your CV/resume should thoroughly describe your duties and accomplishments.

Organization Name	Volunteer Position	Dates / Paid or Unpaid
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three benefits that you hope to gain from a mentoring program:

---

---

---



# The DOF Foundation

## Pathway Program

*Please if you have questions about the Pathway Program, or any additional documents that you would like for the committee to review please contact the DOF Pathway Director or [doffoundation1@gmail.com](mailto:doffoundation1@gmail.com)*

### Application Certification

#### **Please check the following Items**

**I certify that all information presented in my application is accurate and complete. I also certify that any information submitted on my behalf, including letters of recommendation, is authentic. I understand and agree that any plagiarism or misleading information will be cause for automatic withdrawal of my application or an offer of acceptance to be rescinded.**

---

Students Name:

---

Signature

---

Date