**STUDENT DIVERSITY SURVEY**

As part of future grant writing and grant reporting statistics, we are required to report information about our student population. The information you provide in this form will assist us in completing this requirement.

* **Ethnicity:** Are you Hispanic/Latino  **Yes  No**
* **Race:** Please check all that apply. Please check at least one.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Asian Underrepresented:** Asians considered underrepresented in the health professions include any Asian other than Chinese, Filipino, Japanese, Korean, Asian Indian, orThai.

**Black or African American:** A person having origins in any of the black racial groups of Africa.

**Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race. The term "Spanish Origin" can be used in addition to "Hispanic or Latino."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Non-Hispanic White:** White race, not of Hispanic or Latino origin/ethnicity.

* **Environmentally Disadvantaged:** An individual who comes from an environment that has inhibited the individual from obtaining the knowledge, skills and abilities required to enroll in and graduate from higher education. The following are provided as examples of "Environmentally Disadvantaged" for guidance only and are not intended to be all-inclusive. Applicants should seek guidance from their educational institution as to how "Environmentally Disadvantaged" is defined by the applicant institution.

**Examples:**

1. I graduated from a high school from which a low percentage of seniors receive a high school diploma.
2. I graduated from a high school at which many of the enrolled students are eligible for free or reduced price lunches.
3. I am from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing) or I receive public assistance.
4. I am from a family that lives in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area. Visit http://hpsafind.hrsa.gov/ for listings.
5. I participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program.
6. I am a high-school drop-out who received AHS diploma or GED.
7. I am from a school district where 50% or less of graduates goes to college or where college education is not encouraged.
8. I am the first generation in my family to attend college (neither my mother nor my father attended college).
9. English is not my primary language and language is a barrier to my academic performance.

**If you meet the above qualification, please check the box.**

**Economically Disadvantaged:** Individual who comes from a family with an annual income below low-income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services (HHS) for use in health professions programs. Income levels are published annually in the Federal Register. The table below provides a breakdown of family income levels used to determine economic disadvantaged status. Family income is defined as the income of the trainee's parents regardless of the age of the trainee.

Income Limits For 2015 – 2016 Grants

|  |  |
| --- | --- |
| Size of Family Unit \* | Income Level \*\* |
| 1  2  3  4  5  6  7  8  For each additional person add:  \* Includes only dependents listed on Federal income tax forms. | $21,775  $29,471  $37,167  $44,863  $52,559  $60,255  $67,951  $75,647  $7,696  \*\* Adjusted gross income for calendar year 2015  **SOURCE**: *Federal Register*, Vol. 80, No. 61, March 31, 2015, pp. 17026-17027. |

**If you meet the above qualification, please check the box.**

**Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**