**MIDAS Network Coordination Center &**

**The Center for Communicable Disease Dynamics**

present the

8th Annual Conference to Increase Diversity in Mathematical Modeling and Public Health

December 9-10, 2019 Boston, MA

**Verification Form**

**Applicant Information:**

|  |  |
| --- | --- |
| Name: | Phone: |
| College/university: | College/university address: |
| Year in school (Fall ’19): | City: |
| E-mail: | State: Zip: |

**Verification of Eligibility: an undergraduate advisor, faculty advisor or professor at the applicant’s institution must complete this section:**

I verify that this applicant is an undergraduate student in good standing in this program/at this institution and is from an underrepresented minority group (please indicate below):

* American Indian or Alaska Native
* Black or African American
* Hispanic or Latino
* Native Hawaiian or other Pacific Islander
* First generation college student
* From an economically disadvantaged background
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name: | College/university: |
| Title: | E-mail: |
| Department: | Phone: |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please include this completed form in your online application and submit no later than November 8th, 2019.**

**For more information, contact Ms. Stephanie Shadbolt at sshadbolt@fredhutch.org**