



**Hinton Scholars AP Biology Program**  
**2018-2019**  
**Tutor Application**



**Name and Current Address**

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*First Name* *Middle Name* *Last Name*

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*Street Address* *City* *State* *Zip Code*

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*Home Phone* *Cellular Phone* *E-mail Address*

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*Gender (Male, Female)* *Date of Birth (MM/DD/YY)*

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*Harvard University ID Number*

**Permanent Address**

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*Street Address* *City* *State* *Zip Code*

---

*Home Phone*

**Emergency Contact**

---

*First Name* *Middle Name* *Last Name* *Relationship*

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*Street Address* *City* *State* *Zip Code*

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*Home Phone* *Work Phone* *Cellular Phone*

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*Fax Number* *E-mail Address*

## Current Program

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*Name (Grad, Med, Dent, Other)*                      *Program/Department*                      *Chairperson (First, Middle, Last Name)*

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*Street Address*                                      *City*                                      *State*                                      *Zip Code*

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*Office Phone*                                      *Fax Number*

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*Major/Discipline/Department*                                      *Minor/Concentration*

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*Classification (Fr, Soph, Jr, Sr, 1<sup>st</sup> Year, 2<sup>nd</sup> Year, etc)*                                      *Advisor (First, Middle, Last Name)*

What is your expected graduation date (month, year)? \_\_\_\_\_

<b>Degree(s) Earned</b>	<b>Major/Discipline</b>	<b>Institution</b>	<b>Date (MM/DD/YY)</b>

What honors, awards, special recognitions or scholarships have you received within the past 3 years?

What prior mentoring/tutoring experience do you have? When and where did this take place? What was the target audience?

How did you hear about the Hinton Scholars AP Biology Program?

\_\_\_ Graduate Student    \_\_\_ Medical Student    \_\_\_ BBS Program    \_\_\_ Other Please specify \_\_\_\_\_

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*Signature*

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*Date*

**Please mail or e-mail completed application to:**

AP Biology Hinton Scholars Program  
 Attn: Robert Simpson  
 MFDP/Office for Diversity and Community Partnership  
 Harvard Medical School  
 164 Longwood Avenue, 2<sup>nd</sup> Floor  
 Boston, MA 02115  
 TEL: 617-432-1557 • FAX: 617-432-3834  
 robert\_simpson@hms.harvard.edu

**Which cohort(s) can you volunteer for? (check all that apply)**

**Cohort A > 10/4/18, 10/25/18, 11/29/18, 1/3/19, 1/31/19, 3/7/19**

**Cohort B > 10/11/18, 11/1/18, 12/6/18, 1/10/19, 2/7/19, 3/14/19**

**Cohort C > 10/18/18, 11/8/18, 12/13/18, 1/17/19, 2/14/19, 3/21/19**

**Orientation Program > 9/27/18 > 3 - 6 PM**