Program availability is determined by specific application deadlines as noted on each program page description on the VCU Health Sciences and Health Careers Pipeline website. When applying, if you do not see the program you wish to apply to listed on the Central Application, it is because the Pipeline team is not accepting applications at this time. Registrations for classes and workshops are also only available for specific time periods. If you or your student would like to be added to a mailing list regarding the availability of a specific program, please fill out our webform.

The following step-by-step instructions offer information for each section of the Pipeline Central Application. Certain sections are absolutely required and are noted as such here. The application cannot be submitted in the absence of these sections. If the application will not submit, two red asterisks ** will appear on the Central Application next to the section that needs to be completed.

**Select a program: (Required)**
Click the box next to the name of the program that you or your student would like to submit an application for. Each program has specific age and grade requirements and no exceptions will be made regarding this issue.

**Applicant information: (Required)**
Fill in the information regarding the applicant. If you are a parent filling out the application for your student, please make sure the student’s name is listed here. When providing an address, please make sure that the address listed is where the applicant will be able to receive mail; P.O. boxes are acceptable. The applicant’s date of birth is required for verification of program eligibility. A valid and frequently checked email address is required in order to receive notice of application status and will serve as the primary form of communication. Primary phone number is also required.

**How did you hear about our program?**
Use this section to let us know how you learned about the VCU Health Sciences and Health Careers Pipeline Program. Please use the space marked “Other” if you feel that an appropriate description is not listed.

**How would you describe your current neighborhood?**
Select the answer that best describes your current neighborhood. Please use the space marked
“Other” if you feel that an appropriate description is not listed.

**Family information: (Required)**
All participants, including those over the age of 18, are required to fill out this information regarding legal guardian or parental contact information. Please provide the following information for your legal guardian or parent: address where they will be able to receive mail, a current daytime phone number, information regarding the highest level of education completed, and an e-mail address, if available. Note that there is space available for information about two parent/legal guardians. Please check “not applicable” in the second section if you are from a single-parent household.

**Sibling information:**
Use this section to provide information regarding applicant siblings. This information will only be used to send information to your family should a sibling qualify for a VCU Health Sciences and Health Careers Pipeline Program.

**Citizenship:**
International students are eligible for the majority of VCU Pipeline programs. Indicate whether or not you are a U.S. citizen or permanent resident. If you are not a U.S. citizen, please provide information regarding your Visa type and expiration date. Please note that the Summer Academic Enrichment Program (SAEP) is an exception where only U.S. citizens or permanent residents may apply. SAEP is a pre-professional school program granted through state-funding and abides by the VCU School of Medicine admission guidelines with regards to international students.

**Ethnicity & Race:**
The U.S. Department of Education’s guidance on maintaining, collecting and reporting data requires that questions about ethnicity and race be included on applications for educational institutions and other recipients of grants and contracts. The ethnicity and race categories are based on these guidelines. For both categories, please select the options that you feel best describes you.

**Parental income & Grant information:**
Parental income and grant information are used to determine an applicant’s dependent status as applicable for financial aid and/or other tuition assistance programs. Use this section to provide the most accurate and up-to-date information regarding your total parental income and whether you have received or qualified for any student loans or grants. Please note that
for some programs this information is required and may be subject to verification.

**Disadvantaged status:**
Use this section to indicate whether you consider yourself economically, educationally or socially disadvantaged and feel that it should be considered with regards to your application. If “yes,” please take a moment to explain your answer. Responses may not exceed 250 words.

**Personal Statement: (Required)**
Use this section to reference your educational and career goals, and indicate why you feel that you are qualified in applying for the program you have selected. For several programs, this personal statement will be reviewed by an admissions committee to determine whether or not you will be accepted into a program.

**VCU interest:**
Use this section to indicate your interest in attending a professional health sciences school at Virginia Commonwealth University.

**Health careers interest:**
Use this section to indicate which of the health careers currently offered by the professional schools at VCU that you are interested in. Select all that apply. If you are still exploring health career options and have several interests, please select all of those that may be of interest to you. Select “Other” if the health profession that you are interested in is not listed.

**Education:**
Indicate the education or grade level that the applicant will be in *as of September 1st of the current academic year*. Starting with most recent or current school, please list all of the educational institutions that you have attended. Please note that if your program requires transcripts that you must still request an official copy from your school’s records office.

**Academic honors and awards & Volunteer activities, school organizations, work experience:**
Use this section to indicate any academic awards and honors you may have received, along with any and all volunteer experiences, whether or not they are related to health careers. Please make sure to provide the company and/or organization’s name and phone number so the information supplied can be verified if necessary. Should you need more space, please feel free to submit a resume using the same process for submitting supplemental materials.

**Test scores:**
Use this section to indicate all applicable tests and scores. Please note that some programs may request official score reports, in which case you will still need to request a copy to have sent as a supplemental item.

**References: (Required)**
Students applying to VCU Pipeline Programs must supply the names and phone numbers of two references. Personal or family references will not be accepted. Both references must be an academic and/or professional reference. If your program requires letters of recommendation, please use this space to indicate the names and contact information of the people that will be submitting letters of recommendation on your behalf.

**Certification:**
For the purpose of submitting this application, an electronic certification will be used. Checking the box in this section will serve as your signature that all information provided in the application is true to the best of your knowledge. Please note that if any information is found to be untrue, your application may not be submitted for further review. This section also certifies that you acknowledge that all information provided in the application will not be sold to a third party, and that the information supplied will be stored in a database and used for evaluation and assessment of the programs. It is required to certify your application in order for it to be submitted.

**Optional contact recipient:**
Checking the “yes” box in this section will acknowledge that you are interested in receiving additional information regarding other VCU Health Sciences and Health Careers Pipeline Programs.