

# STRONG CHILDREN'S RESEARCH CENTER

## 2013 Summer Student Application Form

Complete this application; attach your Curriculum Vitae and mail, fax or email to:

Ellen T. Sargeant, Program Coordinator  
 SCRC, 601 Elmwood Ave, Box 777  
 Rochester, NY 14642  
 Phone: (585)275-8447 Fax: (585)271-7512  
[scrc@urmc.rochester.edu](mailto:scrc@urmc.rochester.edu)

Complete application packets inclusive of your

- Official Transcript(s)
- Two Faculty Recommendation Forms
  - Curriculum Vitae

Must be received by midnight, EST on February 28, 2013

**SAVE THIS FILE TO YOUR COMPUTER BEFORE STARTING**

Last Name	First Name	Middle Initial
Address While Attending School		City, State, Country, Zip
Permanent Address (Parental)		City, State, Country, Zip
Telephone (Mobile)		Email Address
Date of Birth (month/date/year)		Place of Birth
Citizenship: U.S. Citizen or U.S. Noncitizen Permanent Resident of U.S.		

Colleges or Universities Attended: (Start with most recent)				
Name of School, City, State	Degree	Date of Degree	Major	Minor

**Medical School(s) Attending or Accepted To:		
Name of School, City, State	Start Date	Please give date academic year ends.

**1. Please explain why you wish to participate in the Strong Children's Research Center program?**

**2. What research or independent study have you previously done? Please describe in specifics, your research experience.**

**3. List any publications:**

**4. Have you been supported by the SCRC Summer Training Program in the past? If yes, please describe why you wish to return.**

**5. How will the SCRC summer program help advance your career plans?**

<b>Please list in order of your preference five areas of interest and/or investigator(s)</b>		
<b>Choice</b>	<b>Investigator</b>	<b>Area of Interest</b>
<b>1<sup>st</sup></b>		
<b>2<sup>nd</sup></b>		
<b>3<sup>rd</sup></b>		
<b>4<sup>th</sup></b>		
<b>5<sup>th</sup></b>		

<b>Please list the names and addresses of the two professors who will complete the Faculty Recommendations.</b>		
	<b>First Faculty</b>	<b>Second Faculty</b>
<b>Name</b>		
<b>Title</b>		
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Telephone</b>		
<b>Email Address</b>		

**6. Please explain to the SCRC Directors why you should be considered for this program. (Limit 250 words). No attachments please.**