

# STRONG CHILDREN'S RESEARCH CENTER

## 2014 Summer Student Application Form

### INSTRUCTIONS

1. Complete this application form and send it to the Strong Children's Research Center (contact information listed below).

2. Submit all other application requirements. Your completed application must also include:

- Official Transcript(s)
- Two (2) Faculty Recommendation Forms
- Your Curriculum Vitae

Please mail, fax or e-mail all of these items to:

Erik Abell, Administrator  
Strong Children's Research Center  
601 Elmwood Ave, Box 777  
Rochester, NY 14642

Phone: (585) 273-2977

Fax: (585) 271-7512

E-Mail: [scrc@urmc.rochester.edu](mailto:scrc@urmc.rochester.edu)

***Completed Applications must be received by midnight, EST on February 28, 2014***

### SAVE THIS FILE TO YOUR COMPUTER BEFORE STARTING

Last Name	First Name	M.I.
Address While Attending School		City, State, Country, Zip
Permanent Address (Parental)		City, State, Country, Zip
E-Mail Address		Telephone (Mobile)
Place of Birth		Date of Birth (MM/DD/YY)
Citizenship (check one box):		
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Noncitizen <input type="checkbox"/> 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 you have:**

**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?**

Please list in order of your preference five areas of interest and/or investigator(s)

Choice	Investigator	Area of Interest
1 <sup>st</sup>		
2 <sup>nd</sup>		
3 <sup>rd</sup>		
4 <sup>th</sup>		
5 <sup>th</sup>		

**Please list the names and addresses of the two professors who will complete the Faculty Recommendations.**

	First Faculty	Second Faculty
Name		
Title		
Address		
City, State, Zip		
Telephone		
Email Address		

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