**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 Phone: (585) 273-2977

Strong Children’s Research Center Fax: (585) 271-7512

601 Elmwood Ave, Box 777 E-Mail: scrc@urmc.rochester.edu

Rochester, NY 14642

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

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

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| **Last Name** | **First Name** | **M.I.** |
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| **Address While Attending School** | **City, State, Country, Zip** |
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| **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):** |
| [ ]  **U.S. Citizen** [ ]  **U.S. Noncitizen** [ ]  **Permanent Resident of U.S.** |

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| **Colleges or Universities Attended: (Start with most recent)** |
| **Name of School, City, State** | **Degree** | **Date of Degree** | **Major**  | **Minor** |
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| **\*\*Medical School(s) Attending or Accepted To:**  |
| **Name of School, City, State** | **Start Date** | **Please give date academic year ends.**  |
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| 1. **Please explain why you wish to participate in the Strong Children’s Research Center program?**
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| 1. **What research or independent study have you previously done? Please describe in specifics, your research experience.**
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| 1. **List any publications you have:**
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| 1. **Have you been supported by the SCRC Summer Training Program in the past? If yes, please describe why you wish to return.**
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| 1. **How will the SCRC summer program help advance your career plans?**
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| **Please list in order of your preference five areas of interest and/or investigator(s)** |
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| **Choice** | **Investigator** | **Area of Interest** |
| **1st** |  |  |
| **2nd**  |  |  |
| **3rd**  |  |  |
| **4th** |  |  |
| **5th** |  |  |

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| **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** |  |  |

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| 1. **Please explain to the SCRC Directors why you should be considered for this program. (Limit 250 words). No attachments please.**
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