**APPLICATION INSTRUCTIONS**

Each applicant must complete an application packet to be reviewed by the Strong Children’s Research Center (SCRC). **Applications are due to the SCRC by midnight (eastern standard time) on February 29, 2016.** A completed application must include the following parts:

* A completed 2016 Summer Program student application (attached)
* Official transcript(s) from all colleges, universities and medical schools attended
* Two (2) Faculty Recommendation Forms (available on the SCRC website) – faculty may submit a letter of recommendation in addition to the completed recommendation form
* Your Curriculum Vitae

Please mail, fax or e-mail all of these items ***no later than midnight on February 29, 2016*** 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](mailto:scrc@urmc.rochester.edu)

Rochester, NY 14642

If you have any questions regarding the application process, please contact Erik Abell at [scrc@urmc.rochester.edu](mailto:scrc@urmc.rochester.edu) or (585) 273-2977

**The SCRC strongly encourages students to apply early.** All applicants will be notified of their acceptance status by mid-March 2016

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

|  |  |
| --- | --- |
| **Name** *(First, MI, Last)* |  |
| **School Address**  *(Address, City, State, Zip)* |  |
| **Permanent Address (Parental)**  *(Address, City, State, 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.

**Colleges or Universities Attended:** Start your list with the most recent program. Include graduate work, post baccalaureate programs and undergraduate work from all institutions in this section

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School, City, State** | **Degree** | **Date of Degree** | **Major** | **Minor** |
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**Medical School(s) Attending or Accepted To:**

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| --- | --- | --- |
| **Name of School, City, State** | **Start Date** | **Date academic year ends** |
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**List the two professors who will complete your Faculty Recommendations:**

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Title** |  |  |
| **Address**  **City, State, Zip** |  |  |
| **Telephone** |  |  |
| **Email Address** |  |  |

**List in order of your preference five investigators you would be interested in working with during the 2016 Summer Program.** A list of potential mentors can be found on the Summer Program Website:[*https://www.urmc.rochester.edu/pediatrics/research/summer-training-program/mentors.aspx*](https://www.urmc.rochester.edu/pediatrics/research/summer-training-program/mentors.aspx)

|  |  |
| --- | --- |
| **Choice** | **Investigator** |
| **1st** |  |
| **2nd** |  |
| **3rd** |  |
| **4th** |  |
| **5th** |  |

***Application continued on next page***

**Please answer the following questions in the boxes below.**

**1. Explain why you wish to participate in the Strong Children’s Research Center program?**

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

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**3. List any publications you have.**

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

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

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**7. Do you prefer (check one box):** Laboratory work Other kinds of research