**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 5:00 PM (eastern standard time) on February 28, 2017.** A completed application must include the following parts:

* A completed 2017 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 5:00 PM (EST) on February 28, 2017*** 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

If you have any questions regarding the application process, please contact Erik Abell at 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 early April 2017

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

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| --- | --- | --- |
|  |  |  |
| ***First Name*** | ***Middle Initial*** | ***Last Name*** |

|  |  |
| --- | --- |
| **School Address***(Address, City, State, Zip)* |  |
| **Permanent Address***(Address, City, State, Zip)* |  |
| **E-mail Address** |  |
| **Telephone (Mobile)** |  |
| **Place of Birth** *(City, State)* |  |
| **Date of Birth** *(MM/DD/YY)* |  |

**Citizenship (check one box):** [ ]  U.S. Citizen [ ]  U.S. Noncitizen [ ]  Permanent Resident of U.S.

**Medical Schools:** *List schools accepted to. If currently enrolled, list school attending.*

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| --- | --- | --- | --- |
| **Name of School** |  |  |  |
| **City, State** |  |  |  |
| **Start Date** |  |  |  |
| **Date Academic Year Ends** |  |  |  |

**Graduate/Undergraduate:** *List graduate work, post baccalaureate programs and undergraduate work from all institutions.*

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| --- | --- | --- | --- |
| **Name of School** |  |  |  |
| **City, State** |  |  |  |
| **Degree** |  |  |  |
| **Date of Degree** |  |  |  |
| **Major** |  |  |  |
| **Minor** |  |  |  |

**Faculty Recommendations:** *List the two individuals who will complete your Faculty Recommendations.*

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Title** |  |  |
| **Telephone** |  |  |
| **Email Address** |  |  |

***Application continued on next page***

*List in order of your preference five investigators you would be interested in working with during the 2017 Summer Program. A list of potential mentors can be found at:* [*https://www.urmc.rochester.edu/pediatrics/research/summer-training-program/mentors.aspx*](https://www.urmc.rochester.edu/pediatrics/research/summer-training-program/mentors.aspx)

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

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

**1. Explain why you wish to participate in the SCRC Summer 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 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 your answer to 250 words. No attachments please.)**

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