**APPLICATION INSTRUCTIONS**

**ELIGIBILITY:**

1. Applicants must have completed their junior or senior year by May 2019, or be enrolled in their first year of medical school in good standing at the time of the application.
2. Applicants must be able to attend the entire program. (Accommodations can be made to fit medical student schedules.)
3. Applicants must be a United States Citizen or a Permanent Resident of the United States (for tax and payroll purposes).
4. Previous applicants are eligible if they can justify a second summer in the program.

**APPLICATION COMPONENTS:**

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, 2019.** A completed application must include the following parts:

* A completed 2019 Summer Program student application form (attached)
* Your resume (2 page limit) or curriculum vitae
* 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

**IMPORTANT:**

1. Please edit the footer of this document to include your name.
2. Send your completed student application form and resume (word or PDF attachments) in one single email to the email address below. Please save documents in the following format:

“Lastname, Firstname SCRC 2019 Application” or “Lastname, Firstname Resume”

1. Faculty recommendation forms (and recommendation letters) should be sent in one email per recommender to the email address below.
2. If your institution does not allow for electronic submission of transcripts, they may be mailed or faxed to the address below. If faxing, please include a cover sheet with your full name, email address, and total number of pages including the cover page.

Please e-mail all of these items ***no later than 5:00 PM (EST) on February 28, 2019*** to:

Erik Abell, Administrator Phone: (585) 273-2977

E-Mail: [scrc@urmc.rochester.edu](mailto:scrc@urmc.rochester.edu) Fax: (585) 271-7512

Strong Children’s Research Center

601 Elmwood Ave, Box 777

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 early April 2019

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

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| **2019 SCRC Summer Student Flow Sheet**  **Please fill out this sheet after you have completed the rest of your application.** | | | | | | | | | | | | | | | | |
| **Full Name:** | | |  | | | | | | | | | | | | | |
| **Undergraduate school:** | | |  | | | | | | | | **Grad year:** | | | |  | |
| **Medical/Grad School:** | | |  | | | | | | | | **Anticipated grad year:** | | | |  | |
| **Email:** | | |  | | | | | | | | | | | | | |
| **Telephone (mobile):** | | |  | | | | | | | | | | | | | |
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| **Research interests:**  **(Check one)** | | | Laboratory/Bench: | | | Clinical: | |  | | | | | | | | |
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| **Mentor Choices:** | | |  | | | | | | | | | | | | | |
| **1st** | | |  | | | | | | | | | | | | | |
| **2nd** | | |  | | | | | | | | | | | | | |
| **3rd** | | |  | | | | | | | | | | | | | |
| **4th** | | |  | | | | | | | | | | | | | |
| **5th** | | |  | | | | | | | | | | | | | |
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| **For SCRC use only:** | | | | | | | | | | | | | | | | |
| **Application Requirements** | | | | | | | | | **GJS Review:** | | | | | | | |
|  | Transcript | | | | | | | |  | | | GPA | | | | |
|  | Application | | | | | | | |  | | | Application | | | | |
|  | CV/Resume | | | | | | | |  | | | Recommendations | | | | |
|  | Recommendation 1 | | | | | | | |  | | | Total | | | | |
|  | Recommendation 2 | | | | | | | |  | | |  | | | | |
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| Comments: | | | | | | | | | | | | | | | | |
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| **Personal Information** | |
| **Full 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 Permanent Resident of U.S.

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| **Medical Schools:** *List schools accepted to. If currently enrolled, list school attending.* | |
| **Name of School 1.** |  |
| **City, State** |  |
| **Start Date** |  |
| **Date Academic Year Ends** |  |
| **Currently attending? (Y/N)** |  |

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| **Name of School 2.** |  |
| **City, State** |  |
| **Start Date** |  |
| **Date Academic Year Ends** |  |
| **Currently attending? (Y/N)** |  |

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| **Undergraduate/Graduate:** *List undergraduate work, post baccalaureate programs and graduate work from all institutions.* | |
| **Name of School 1.** |  |
| **City, State** |  |
| **Degree** |  |
| **Date of Degree** |  |
| **Major** |  |
| **Minor** |  |

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| **Name of School 2.** |  |
| **City, State** |  |
| **Degree** |  |
| **Date of Degree** |  |
| **Major** |  |
| **Minor** |  |

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| **Name of School 3.** |  |
| **City, State** |  |
| **Degree** |  |
| **Date of Degree** |  |
| **Major** |  |
| **Minor** |  |

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| **Faculty Recommendations:** *List the two individuals who will complete your Faculty Recommendations.* | |
| **Name 1.** |  |
| **Title** |  |
| **Telephone** |  |
| **Email Address** |  |

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| **Name 2.** |  |
| **Title** |  |
| **Telephone** |  |
| **Email Address** |  |

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| ***Mentor Preferences****: List in order of your preference five investigators you would be interested in working with during the 2019 Summer Program. A list of potential mentors can be found a* [*here*](https://www.urmc.rochester.edu/pediatrics/research/summer-training-program/mentors.aspx)*.* | |
| **Choice** | **Investigator** |
| **1st** |  |
| **2nd** |  |
| **3rd** |  |
| **4th** |  |
| **5th** |  |

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| **Short answer questions:** Please answer the following questions in the boxes below. Please type in the boxes provided—no attachments will be accepted. Please limit your responses to ≤500 words for questions 1-2 and ≤250 words for questions 3-5. |

**1. Please explain why you wish to participate in the SCRC Summer Program.**

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**2. How will the SCRC Summer Program help advance your career plans?**

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**3. Please explain to the SCRC Directors why you should be considered for this program.**

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**4. Have you completed an independent study or research outside of the classroom?**  Yes No

**If yes, please give a brief synopsis of your research:**

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**5. Have you been supported by the SCRC Summer Program in the past?**  Yes No

**If yes, please describe why you wish to return.**

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**6. Do you have publications in any medical or scientific journals?**  Yes No

**If yes, please list the full reference.**

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**7. Do you prefer (check one box):** Laboratory/bench work Clinical work Translational work