# Summer Research Scholar Program Application 2020

## Applicant Information

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| Full Name: | Click or tap here to enter text.      |  Click or tap here to enter text.     |   Click or tap here to enter text.    | Date: |  Click or tap to enter a date.     |
|  | Last | First | M.I. |  |  |

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| Address: | Click or tap here to enter text.      |    Click or tap here to enter text.   |
|  | Street Address (above) | Apartment/Unit # |

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|  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  | City (above) | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |

## Education

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| Undergraduate Institution | Click or tap here to enter text. | Major: | Click or tap here to enter text. |

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| GPA overall: | Click or tap here to enter text. |

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| --- | --- |
| Graduation Date (Expected) (mm/yyyy) | Click or tap here to enter text. |

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| Medical School | Click or tap here to enter text. |

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| GPA overall: | Click or tap here to enter text. |

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| Graduation Date (Expected) (mm/yyyy) | Click or tap here to enter text. |

## Biographical Information

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| Date of Birth: (mm/dd/yyyy): | Click or tap here to enter text. | Country of Residence | Click or tap here to enter text. | Are you a U.S Citizen? | YES☐ | NO☐ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If no, do you have a permanent resident status? | YES☐ | NO☐ | I-551 card number: | Click or tap here to enter text. |

Please send the following via email to (Tyler.Rape@atriumhealth.org) with the subject line **“ROSS SUMMER PROGRAM 2020”**:

1. **a copy of a transcript from each college/university attended**
2. **a completed application**

In addition, **2 letters of reference** are required.

* Letters must be received via email with subject heading **“ROSS\_LofR\_Last Name, First Name** (Ex: ROSS\_LofR\_Rape, Tyler)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Letters will be sent by:  |  | Name | Title  | E-mail | Phone |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
|  |  |  |  |  |

**Honors / Accomplishments / Experience**

Please attach a PDF listing academic honors, memberships, accomplishments, and relevant experiences (e.g. previous work in the lab and/or clinic) with corresponding year(s) of involvement. Please list in bullet point format. **You may include a CV/Resume as an attachment.**

**Personal Statement**

Please attach a PDF of your career goals and how you believe this program will help you accomplish those goals. (500-word maximum)