# Summer Research Scholar Program Application 2024

## 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 |

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| 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. |

|  |  |
| --- | --- |
| 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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| 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 in PDF format via email to ([carrie.little@atriumhealth.org](mailto:carrie.little@atriumhealth.org)) with the subject line **“ROSS SUMMER PROGRAM 2023”**:

1. **This completed application**
2. **Copies of all applicable transcripts** - Unofficial Only This is for processing of your application. If the document is locked, we are unable to review it properly.
3. **A personal statement** - please attach a PDF of your career goals and how you believe this program will help you accomplish those, with a 500-word maximum
4. **CV in PDF format listing the following:** academic honors, memberships, accomplishments, and any relevant experiences (e.g., previous work in the lab and/or clinic) with corresponding year(s) of involvement.

**If your forms are not sent in PDF format, your application may not be reviewed**

In addition to the above, **2 letters of reference** are required to be sent to [carrie.little@atriumhealth.org](mailto:carrie.little@atriumhealth.org). Please complete the information below:

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

If you have any questions, please review the FAQ on the internship website, then send your questions to [carrie.little@atriumhealth.org](mailto:carrie.little@atriumhealth.org)