

**2026 CHECKLIST FOR HIGH SCHOOL SUMMER RESEARCH EXPOSURE PROGRAM**

*This form is only required for the 4-week on-site program and is restricted to high school students ages 16 to 18.*

**APPLICATION DEADLINE: March 15, 2026**

Following instructions closely is an important step towards a successful application. This list is to ensure that you have no confusion about what you need to do to complete your application and make certain that all forms are completed and turned in on time.

Check each of the following off as you complete them. **Do NOT wait until the last minute to complete these forms. Deadline extensions are not permitted.** Good luck!

- Locate and complete the on-line application form posted on the WFIRM website and read through additional forms with a parent. Discuss summer plans and whether you will be able to participate in the full period of the 4-week mentored research program, June 22 to July 17, 2026.
- Ask two of your current teachers to fill out a recommendation form for you. Be sure to give each teacher ample time to complete in order to meet the deadline. Your teacher may either send the completed form by the March 15th deadline via email to [WFIRM\\_EducationAHWFB@Advocatehealth.org](mailto:WFIRM_EducationAHWFB@Advocatehealth.org) or postal mail to Joan Schanck, Director of the High School Summer Research Exposure Program at the Wake Forest Institute for Regenerative Medicine.
- Completed applications include completion of on-line application and receipt of the following forms**
  - Signed Agreement and Parental Consent
  - 2 Teacher Recommendations
- The above forms can either be emailed to [WFIRM\\_EducationAHWFB@Advocatehealth.org](mailto:WFIRM_EducationAHWFB@Advocatehealth.org) or postal mailed to the address below:

**Mailing Address:** Joan F. Schanck, MPA, Director, High School Summer Research Exposure Program Wake Forest Institute for Regenerative Medicine  
Richard H. Dean Building  
391 Technology Way, Suite 199  
Winston-Salem, NC 27101  
Phone: 336-713-1201

**2026 AGREEMENT AND PARENTAL CONSENT**

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**High School Summer Research Exposure Program Applicant Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parental Consent**

I, \_\_\_\_\_, have read and understand all of the above provisions and application information, and consent my child, \_\_\_\_\_, to apply and to be considered for the 2026 4-week Summer Research Exposure Program provided by the Wake Forest Institute for Regenerative Medicine.

Parent/Guardian Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2026 TEACHER RECOMMENDATION FORM (Student must submit by March 15, 2026 deadline.)****High School Summer Research Exposure Program Applicant Information**

Student Name (printed): \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

**Teacher Information**

Teacher Name (printed): \_\_\_\_\_

Subject: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**TO THE HIGH SCHOOL STUDENT APPLICANT:** Fill out the applicant information section above and take it to two teachers at your school whom you have asked to recommend you for our program. Please allow your teachers at least one week to complete the recommendation form. Your teachers can either email their completed form to *WFIRM\_EducationAHWFB@Advocatehealth.org* or postal mail their recommendation to *Joan F. Schanck, MPA, Director of the High School Summer Research Exposure Program, Wake Forest Institute for Regenerative Medicine, Richard H. Dean Building, 391 Technology Way, Suite 199, Winston-Salem, NC 27101.*

**TO THE TEACHER:** Please answer the following questions about the student named above. This student is applying to the High School Summer Research Program at the Wake Forest Institute for Regenerative Medicine (WFIRM). WFIRM is a very sensitive environment that requires a great deal of maturity and the ability to adapt to new situations and work across diverse teams. We would appreciate your insight about the student's responsibility, dependability and maturity. In addition, we are interested in comments that would help us learn more about the student and which also address the student's interest and performance in STEM disciplines.

**Please either email you completed form to *WFIRM\_EducationAHWFB@Advocatehealth.org* or postal mail as described above by the **March 15, 2026** deadline.**

On a scale from 1 to 5, rate the applicant on the following items.

**1 = Strongly Disagree; 2 = Disagree; 3 = Unknown; 4 = Agree; 5 = Strongly Agree**

**Circle Ranking**

I know the applicant very well

1 2 3 4 5

I can depend on the applicant to complete assigned tasks without prompting

1 2 3 4 5

The applicant acts maturely around both his/her peers and adults

1 2 3 4 5

The applicant does not create classroom disruptions

1 2 3 4 5

The applicant will have no trouble adhering to all policies and procedures including the restriction of cell phone usage on WFIRM property

1 2 3 4 5

There are no behavioral issues with the applicant

1 2 3 4 5

The applicant adapts well to new situations

1 2 3 4 5

The applicant would have no problem fulfilling requirement to participate the full length of the program **at hours agreed upon with their mentoring team** (June 22 to July 17, 2026)

1 2 3 4 5

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** Please supply additional comments/recommendations on separate sheet

## 2026 TEACHER RECOMMENDATION FORM (Student must submit by March 15, 2026 deadline.)

**High School Summer Research Exposure Program Applicant Information**

Student Name (printed): \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

**Teacher Information**

Teacher Name (printed): \_\_\_\_\_

Subject: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**TO THE HIGH SCHOOL STUDENT APPLICANT:** Fill out the applicant information section above and take it to two teachers at your school whom you have asked to recommend you for our program. Please allow your teachers at least one week to complete the recommendation form. Your teachers can either email their completed form to [jWFIRM\\_EducationAHWFB@Advocatehealth.org](mailto:jWFIRM_EducationAHWFB@Advocatehealth.org) or postal mail their recommendation to Joan F. Schanck, MPA, Director of the High School Summer Research Exposure Program, Wake Forest Institute for Regenerative Medicine, Richard H. Dean Building, 391 Technology Way, Suite 199, Winston-Salem, NC 27101.

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**Please either email you completed form to [jschanck@wakehealth.edu](mailto:jschanck@wakehealth.edu) or postal mail as described above by the March 15, 2026 deadline.**

On a scale from 1 to 5, rate the applicant on the following items.

**1 = Strongly Disagree; 2 = Disagree; 3 = Unknown; 4 = Agree; 5 = Strongly Agree**

**Circle Ranking**

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| I know the applicant very well  | 1 | 2 | 3 | 4 | 5 |
| I can depend on the applicant to complete assigned tasks without prompting  | 1 | 2 | 3 | 4 | 5 |
| The applicant acts maturely around both his/her peers and adults  | 1 | 2 | 3 | 4 | 5 |
| The applicant does not create classroom disruptions   | 1 | 2 | 3 | 4 | 5 |
| The applicant will have no trouble adhering to all policies and procedures including the restriction of cell phone usage on WFIRM property  | 1 | 2 | 3 | 4 | 5 |
| There are no behavioral issues with the applicant   | 1 | 2 | 3 | 4 | 5 |
| The applicant adapts well to new situations   | 1 | 2 | 3 | 4 | 5 |
| The applicant would have no problem fulfilling requirement to participate the full length of the program <b>at hours agreed upon with their mentoring team</b> (June 24 to July 19, 2025) | 1 | 2 | 3 | 4 | 5 |

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** Please supply additional comments/recommendations on separate sheet