



CASE WESTERN RESERVE  
UNIVERSITY

SCHOOL OF MEDICINE

Center for Science, Health and Society

**ANNOUNCEMENT**  
**2009**  
**CASE WESTERN RESERVE UNIVERSITY**  
**SCHOOL OF MEDICINE**  
**STUDENT SUMMER RESEARCH PROGRAM**

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Case Western Reserve University School of Medicine, in Association with the American Recovery and Reinvestment Act of 2009, is sponsoring the Student Summer Research Program designed to provide high school students with a unique opportunity to engage in top-tier medical research projects under the direction of our outstanding medical school faculty.

Students will be selected for participation in this exciting program based on their interest in science, their scholastic achievement and letters of recommendation submitted by their high school science teachers and school counselors. To be eligible for this program, applicants must have a minimum GPA of 2.5.

This research experience is intended to enhance the student's interest and knowledge in the biomedical sciences, provide them with an unparalleled professional experience in the sciences and bring them in contact with the School of Medicine faculty and students for both academic and career mentoring.

Students will be expected to participate in research projects on a full-time basis, for an eight (8) week period, from June 22 through August 14, 2009. The summer program will also include a scientific seminar series and a capstone research poster presentation. Each student will receive a stipend or approximately \$1,200 per month pending acceptance and approval by the National Institutes of Health.



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# **2009**

## **Student Summer Research Program**

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### **INSTRUCTIONS TO APPLICANTS**

- **Complete all questions on form**
- **Have form signed by your parent or guardian**
- **Request letter of recommendation from your science teacher**
- **Request letter of recommendation from your guidance counselor**
- **Request copy of your high school transcript**

**Completed applications with transcripts and required letters of recommendation should be mailed to:**

**Nathan A. Berger, M.D.  
Hanna-Payne Professor of Experimental Medicine  
Director, Center for Science Health and Society  
Case Western Reserve University, School of Medicine  
Health Center Library, Suite R106  
10900 Euclid Avenue  
Cleveland, Ohio 44106-4971**

**Applications will be reviewed and students selected for participation in the program will be notified.**

**Research Projects begin June 22, 2009.**

**Eight (8) week research period completed August 14, 2009.**



**FAMILY INFORMATION** (Parents or Legal Guardians)

**Mother's Full Name** \_\_\_\_\_

**Home Address (if different from yours)** \_\_\_\_\_  
\_\_\_\_\_ **Street Address**

\_\_\_\_\_ **Telephone ( \_\_\_\_\_ )**  
\_\_\_\_\_ **City, State, Zip**

**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_

**Father's Full Name** \_\_\_\_\_

**Home Address (if different from yours)** \_\_\_\_\_  
\_\_\_\_\_ **Street Address**

\_\_\_\_\_ **Telephone ( \_\_\_\_\_ )**  
\_\_\_\_\_ **City, State, Zip**

**Employer** \_\_\_\_\_ **Position** \_\_\_\_\_

**In case of emergency, person(s) to contact:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Contact Telephone ( \_\_\_\_\_ )** \_\_\_\_\_ **Alternate Telephone ( \_\_\_\_\_ )** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Contact Telephone ( \_\_\_\_\_ )** \_\_\_\_\_ **Alternate Telephone ( \_\_\_\_\_ )** \_\_\_\_\_

**PARENT/GUARDIAN CONSENT**

As parent/guardian of \_\_\_\_\_,  
\_\_\_\_\_ **Student Full Name**

I grant permission for my child to participate in the Case Western Reserve University Student Summer Research Program. I understand that the program will include working in a research laboratory, full time, Monday through Friday, for eight (8) weeks at the Case Western Reserve University School of Medicine under the supervision of a CWRU School of Medicine Faculty Member.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## **ESSAY QUESTIONS**

**It is our intent to learn as much as possible about you. By answering the questions below you will assist the Committee with their evaluation process. Please answer the following questions in the space provided.**

**1. What science courses have you taken? Include honors, advance placement or special science programs.**

**2. Have you ever worked on a science research project? If so, explain.**

**3. Do you have any special scientific and or medical interests? If so, explain.**

**4. What are your future career plans?**

**5. What colleges, if any, have you applied to or are you interested in applying to?**

**6. How do you think this opportunity will enhance your career goals?**

**7. Describe why you want to participate in the Case Western Reserve University Student Summer Research Program ? What do you expect to get from it? You may attach one (1) additional page to answer this question.**

**8. What are your special interests and hobbies?**

**9. What was the last book that you read outside of class and would you recommend it to a friend?**

**10. Describe any conflicts that may interfere with your ability to participate in research and education activities full time for five (5) full days each week for the eight (8) week period from June 22 – August 14, 2009. Include any scheduled family vacations.**

**Be sure to include a copy of your High School Transcript and have two (2) letters of recommendation, one from your High School Counselor and another from a science teacher to: Nathan A. Berger, M.D., Hanna-Payne Professor of Experimental Medicine, Director, Center for Science, Health and Society, Case Western Reserve School of Medicine, Center for Science, Health and Society, Health Center Library, Suite R106, 10900 Euclid Avenue, Cleveland, Ohio 44106-4971.**

**APPLICATIONS WILL NOT BE CONSIDERED UNTIL  
TRANSCRIPTS AND LETTERS OF RECOMMENDATIONS ARE RECEIVED**