ANNOUNCEMENT

2009

CASE WESTERN RESERVE UNIVERSITY
SCHOOL OF MEDICINE
STUDENT SUMMER RESEARCH PROGRAM

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 of approximately $1,200 per month pending acceptance and approval by the National Institutes of Health.
2009
Student Summer Research Program

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.


Eight (8) week research period completed August 14, 2009.
Please type your responses or print them neatly in dark ink.

PERSONAL INFORMATION

Name_________________________________ Social Security Number_________________________________

Date of Birth_______/_______/________             Gender □ Male  □ Female

MONTH            DAY             YEAR

Permanent Home Address _________________________________________________________________

Street Address

__________________________________________________ Telephone (         )______________________________

City, State, Zip

Cell phone (        )_________________________ Email address:_____________________________

Mailing Address (if different)______________________________________________________________

Street Address

__________________________________________________ Telephone (        )_______________________________

City, State, Zip

ACADEMIC BACKGROUND

School currently attending_______________________________________________________________

School Address______________________________________________________________

__________________________________________________ Telephone (        )_______________________________

City, State, Zip

Cumulative Grade Point Average ___________   Grade ________________

(Minimum GPA 2.5 Required)

Name of Recommending High School Counselor:

____________________________________________________

Name of Recommending Science Teacher:

____________________________________________________
FAMILY INFORMATION (Parents or Legal Guardians)

Mother’s Full Name______________________________________________________________

Home Address (if different from yours)_____________________________________________

_________________________________Telephone (_____)___________________________

City, State, Zip

Employer_________________________________  Position____________________________________

Father’s Full Name______________________________________________________________

Home Address (if different from yours)_____________________________________________

_________________________________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