2016 SUMMER STUDENT PRE-MED AND RESEARCH PROGRAM

Application Check list

☐ APPLICATION COMPLETED IN FULL
   (Please double check)

☐ APPLICATION FORM (CURRENT JUNIORS ONLY)
☐ ESSAY
☐ OFFICIAL TRANSCRIPT (may be sent from school)
☐ TWO CONFIDENTIAL LETTERS OF RECOMMENDATION FROM COLLEGE PROFESSORS OR MENTORS
   (Recommendation letters in sealed envelopes to be included in your application)
☐ 2X2 PASSPORT TYPE PHOTO & DIGITAL PHOTO

Application Submission

The complete application and supporting documents are to be submitted in one envelope to:

Rosemarie Portal, Director
Summer Student Pre-Med and Research Program
Department of Medical Education
Hartford Hospital
80 Seymour Street, Box 5037
Hartford, CT 06102-5037

- Complete applications MUST be received by February 5, 2016
- NO exceptions after February 5, 2016
- Incomplete applications will NOT be considered
2016 SUMMER STUDENT PRE-MED AND RESEARCH PROGRAM APPLICATION

Name ________________________________ US Citizen or Permanent resident (please circle)

Soc. Sec. # (last four digits) ___________ Date of Birth ___________ E-Mail _________________________

Present Address ______________________________________________________________

School Phone __________________________ Cell Phone ________________________________

Home Address ____________________________________________ Home Phone ___________

Present Status ________________________ Current 3rd Year Junior? □ Yes □ No

Name of College ________________________________

Major: __________________________ Degree __________________________ Year Received __________

or Expected

If attended other colleges, list name, attendance dates & major: ________________________________

Science courses completed or to be completed by end of current year: (official transcript MUST be submitted with Application)

________________________________________________________________________

Research experience: (nature of work, location, dates) _______________________________________

________________________________________________________________________

Non-academic experience: (on and off-campus activities, summer jobs, etc.) __________________

________________________________________________________________________

Research investigation preference: (list three areas from program description) ______________

________________________________________________________________________

Confidential Reference Letters: (requested by applicant from two professors or mentors and MUST be submitted with Application)

Reference: __________________________ Contact Email/Phone # _______________________

Reference: __________________________ Contact Email/Phone # _______________________

Applicant Statement: On one printed page state the reasons you wish to participate in this program and how this Program fits into your overall career plans.

Complete applications will be reviewed and qualified candidates will be invited for an in-person or phone interview. Deadline for complete applications is February 5, 2016. Interviews will be scheduled between January 11th – March 23, 2016.

Please return this application and supporting documents to:
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Summer Student Pre-Med and Research Program
Department of Medical Education
Hartford Hospital
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Attach Recent 2x 2 photo
For Hospital Newspaper
in the event you become a participant