

**Carolinas HealthCare System**

**Summer Research Scholar Program**

*Application [rev. 1/18]*

Contact

Information

Name       ,      

Last, First MI

Current Street

Mailing City, State, Zip

Address Address Valid until (mm/yyyy)       Permanent Residence

Phone number (   )   -

E-mail address      

Undergraduate

Institution

Graduate or Medical Institution

(if applicable)

School

Major (if declared)

Expected graduation date (mm/yyyy):

GPA: overall:       science/math:

School

Major

Expected graduation date (mm/yyyy)

GPA: overall

Biographical Information

Gender: Male Female

Date of Birth (mm/dd/yyyy)

Country of residence

Country of citizenship

Are you a U.S. citizen? Yes No

If no, do you have permanent resident status? Yes No

I-551 card number:

Fluent (spoken and written) in any other language aside from English?

Please list

Please send the following via email to ([Sarah.Bishop@carolinashealthcare.org](mailto:Sarah.Bishop@carolinashealthcare.org)) with the subject line **“ROSS SUMMER PROGRAM 2018”**:

1. **a copy of a transcript from each college/university attended**
2. **a completed application**

In addition, **2 letters of reference** are required.

* Letters must be received via email with subject heading **“ROSS\_LofR\_Last Name, First Name** (Ex: ROSS\_LofR\_Bishop, Sarah)

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| --- | --- | --- | --- | --- | --- |
| Letters will be sent by: |  | Name | Title | E-mail | Phone |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Honors / Accomplishments / Experience**

Please list academic honors, memberships, accomplishments, and relevant experiences (e.g. previous work in the lab and/or clinic) with corresponding year(s) of involvement. Please list in bullet point format. **You may include a CV/Resume as an attachment.**

**Personal Statement**

Please describe your career goals and how you believe this program will help you accomplish those goals. (500 word maximum)