


Program Dates: May 18 – July 30, 2020
For rising or graduating college seniors and 1st or 2nd year graduate or medical students

Official 2020 Application Form and Program Description available at:

<http://pediatrics.evms.edu/research/centersinstitutesdepartments/pediatrics/summerscholars.html>

Personal Information		Nickname:	
Name	Last Name First Name Middle Initial (required)		
Current Mailing Address:			
Current Cell Phone #		Other Phone #:	
Preferred Email:			
Will you have a car at your disposal during the program? (A few projects may require visits to local physicians' office or community sites.)			
Permanent Contact: (name, address and telephone number for parent/relative/other person who will know how to reach you if we cannot.			

Payroll Information	
U.S. Citizen?	Date of Birth:

Current Education Level (check one)			
Undergraduate?		Graduate or Medical School?	
			Foreign language proficiency :

School Information					
High School (Name, City/State):	Year of Graduation:				
College/University (Name, City/State):	Current Academic Year: (Junior, Senior)	Major:	Current Cum. GPA:	Current Major GPA:	Date (or expected date) of Graduation:
Graduate School (Name, City/State):	Current Graduate Level (Year 1, Year 2)	Major:	Current Cum. GPA:	Current Major GPA:	Date (or expected date) of Graduation:
Medical School (Name, City/State):		Expected date of graduation:			

Emergency Contact Information

Who would you want us to contact in case of an emergency? Please list more than one contact, in order of preference.

Name	Relationship	Phone number(s)

Previous Internships, Other Programs or currently working with a mentor:

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Please number (in order of preference) only the categories in which you would like to do research.

Clinical Medicine /

Pre-Clinical (laboratory)

Quality Improvement

Clinical Medicine

Behavioral
Health

Community/Public
Health

Educational Research

Global Health

Note: Please see "Our Review/Selection Process" below for more information and if you select Global Health you are responsible for all travel expenses

Previous research experience, to include clinical and/or laboratory research methods.

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Extracurricular Activities:

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Personal Statement explaining your interest in research and your career goals: (maximum word count 400 words)

Application Requirements:

- **Your application packet must include all of the following items, mailed to the address listed below.**
 - **Official Summer Scholars Program application form – typed only**
 - **Official school transcript(s) in a sealed envelope with the Registrar’s signature across the sealed flap. Undergraduate transcripts are required for all applicants. Medical and Graduate School Transcripts are not needed. Undergraduate applicants must have at least a 3.2 GPA (no exceptions).**
 - **Two letters of recommendation, at least one of which must be from one of your professors.**

Please note:

- **Your complete application packet must be in our hands by Friday, January 31, 2020– When mailing your application packet, please allow at least two extra days for your packet to be processed by our medical school mail room and then delivered to our department.**
- **We prefer that all items be included in one packet. When this is not possible, we will accept letters and transcripts mailed separately to the address below. Incomplete packets will not be reviewed by the Selection Committee.**
- **You will receive an email to let you know when your application packet is complete.**
- **EVMS Medical students will be required to present at EVMS Research Day in October 2020**

Our Review/Selection Process (please read this section carefully):

- **Applicants who move forward in the selection process will be contacted to complete a second writing assignment and rank their preferred projects.**
- **Our plan is to have all of our 2020 Summer Scholar positions confirmed by Monday, March 16, 2020**
- **Applicants who are not selected for the program will be notified of that decision by email by Monday, March 30, 2020 or as soon as possible after all positions are filled.**

**Mailing Address:
Laurie McManama / Summer Scholars
Program EVMS Department of Pediatrics
EV Williams Hall
855 W. Brambleton Ave.
Norfolk, Virginia 23510**

Signature _____

Date _____

Please sign to confirm that all information is true and accurate.

1. **International Students:** We accept applications from international students who are currently enrolled in their senior undergraduate year or first- or second-year of graduate or medical school in the United States, and have a visa which permits them to work in the U.S. through August 1, 2020 We cannot make any exceptions, and we cannot accept OPT students.
2. Applications and supporting documentation will become property of the Summer Scholars Program and will not be returned.

Please read ALL instructions carefully before contacting us with questions about the application process.

Email: Laurie.McManama@chkd.org

Phone: (757) 446-6039