## 2024 Harvard Program in Neonatology Summer Student Research Program Application

Please review the eligibility criteria below before applying. We encourage candidates from underrepresented and diverse backgrounds to apply.

Eligibility Requirements:

Entering sophomore, junior, or senior year in undergraduate studies. GPA of 3.5 or higher. Application, supporting materials, and the letter of recommendation submitted by the deadline. Deadline: 11:59 PM EST on February 8, 2024

Boston Children's Hospital cannot offer visa sponsorship for the Summer Student Research Program. In order to apply, you must be a U.S. citizen, U.S. permanent resident, or hold a current U.S. student visa.

When you submit your application, a link will automatically be sent to your letter of recommendation writer in order for them to upload and submit their letter.

If you have any questions please email: NewbornSummerStudentProgram@childrens.harvard.edu

2024 Summer Student Research Program Application		
Name (Last, First)		
Current Address		
	((Street/City/State/Zip))	
Permanent Address		
	((Street/City/State/Zip))	
Phone		
E-mail Address		
Undergraduate Coheel		
Undergraduate School		
Undergraduate GPA		
	(Applicants must have a GPA of 3.5 or higher)	
Major/Degree		
Expected Year of Graduation		



projectredcap.org

12/22/2023 11:18am

Research Interests	
First Preference	<ul><li>Basic Science</li><li>Epidemiology/Health Services</li><li>Clinical Research</li><li>Other</li></ul>
Second Preference	<ul><li>Basic Science</li><li>Epidemiology/Health Services</li><li>Clinical Research</li><li>Other</li></ul>
Third Preference	<ul><li>Basic Science</li><li>Epidemiology/Health Services</li><li>Clinical Research</li><li>Other</li></ul>
Other research interest (if applicable)	
Personal Statement	
Please share your background, research interests and what you hope to achieve from this program.	
	(Please answer in 500 words or less)
The following is for NIH Training Grant and Statistic anonymous and confidential.	cal Purposes Only. Answers will be kept
Ethnicity	
☐ African American ☐ Alaskan ☐ Asian ☐ Hispanic ☐ Native American ☐ Pacific Islander ☐ White ☐ Other	
Specify other ethnicity	
Gender	
Country of Citizenship	
Are you a U.S. permanent resident?	○ Yes ○ No



Are you from a disadvantaged background? (As defined by the National Institutes of Health Guidelines)		
Do you have a physical or mental disability? (As defined by the National Institutes of Health Guidelines)		
Additional Requirements		
In ONE PDF file, please upload the following documents in order:		
Your unofficial undergraduate transcript showing a GPA of 3.5 or higher Your Curriculum Vitae (CV) See below for sample file		
Sample File		
[Attachment: "(last name, First name) Additional Requirem	ents.pdf"]	
Please enter the email address of the person writing your letter of recommendation. They will be emailed a link to a site where they can upload their letter.		
Date submitted		

