

2020 Harvard Program in Neonatology Summer Student Research Program Application

SAVE THIS FILE TO YOUR COMPUTER BEFORE STARTING

When completed, attach this file to an email and send to NewbornSummerStudentProgram@childrens.harvard.edu along with the additional required items listed on the "Checklist of Eligibility and Required Items for Application" document.

Name:

Current Address:
(Street/City/State/Zip)

Permanent Address:
(Street/City/State/Zip)

Phone:

E-mail Address:

Undergraduate School:
(Major/Degree/
Year of Graduation)

Graduate/Medical School:
(Major/Degree/
Year of Graduation)

Undergrad. GPA:

Grad./Med. GPA: (if available)

GRE/ MCAT Scores (if available):

General Area of Interest: Please explain why you chose this research interest (can choose more than one) and clearly state what you are hoping to achieve with this internship:

Basic Science

Epidemiology

Clinical Research

All students are encouraged to apply for funding through sources such as their home institution or grants. Please list all institutions of which you have applied to for funding:

The following is for NIH Training Grant and Statistical Purposes Only-Answers will be kept anonymous and confidential

Ethnicity: African American Alaskan Asian Hispanic Native American Pacific Islander
 White Other:

Gender: Country of Citizenship: Do you hold a US Green Card?

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](#))

***Please be sure to include the additional required items listed on the "Checklist of Eligibility and Required Items for Application" document along with your completed application.**

*Please return the completed application form by **January 15, 2020** to:

NewbornSummerStudentProgram@childrens.harvard.edu