

2023 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. Graduate and medical students are not eligible to apply this year. 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 1, 2023

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

2023 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 School

Undergraduate GPA

(Applicants must have a GPA of 3.5 or higher)

Major/Degree

Year of Graduation

General Area of Interest

Rank your research interests below

	First Preference	Second Preference	Third Preference	Fourth Preference
Basic Science	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other research interest (if applicable) _____

Why are you interested in the Summer Student Research Program?

 (Please answer in 300 words or less)

Demographics

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

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) Yes No

Do you have a physical or mental disability? (As defined by the National Institutes of Health Guidelines) Yes No

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 Requirements.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
