

Instructions

STEP 1

Identify specific research programs that match your interest. Select your top three choices for lab/faculty in which you are interested. [Learn more about faculty >](#)

STEP 2

Collect and gather the following documents in either a MS Word or PDF file format to upload to your application:

- Transcript (an unofficial copy is acceptable)

STEP 3

Prepare your write statements by [previewing the online application >](#)

STEP 4

Complete the following online application.

Personal Information

Full Name *

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

Address *

<input type="text"/>	
Street Address	
<input type="text"/>	
Street Address Line 2	
<input type="text"/>	<input type="text"/>
City	State / Province
<input type="text"/>	
Postal / Zip Code	

Email *

Phone Number *

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

Date of Birth *

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	
Month		Day		Year	

Education

High School *

High School Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Expected Graduation Date *

 / / 

Month Day Year

G.P.A. *

Please describe your education goals and professional ambitions: *

Research Background

Do you have any laboratory research experience outside of organized classroom laboratory courses? *

Yes No

Do you have experience with statistics or biostatistics? *

Yes No

Research Interest

Why are you seeking a research experience at the Burke Medical Research Institute?
Please indicate if this experience is for a school credit and/or expected participation in science research contests. *

What is the duration of the research experience you are seeking? *

What type of research experience are you requesting? For example, are you looking for molecular biological, behavioral, or patient-clinical oriented research? *

Indicate your top three choices for volunteer placement.

Please select your top three choices for lab/faculty in which you are interested.

[Learn more about faculty.>](#)

First lab preference

*

Second lab preference

preference *

Third lab preference

*

How do you envision this research experience advancing your career goals? *

Is there anything else you would like us to know about yourself? *

How did you hear about research opportunities for high school students at Burke? *

Upload Documents

Current Transcript *

No file chosen

Obtain and upload a copy of a current transcript, an unofficial student version of your transcript is acceptable. Upload file formats: PDF, Word or JPEG.

Authorization & Attestation

I attest that I have read the eligibility requirements and procedures for this application and that all information provided in this application is correct to the best of my knowledge.

I understand that falsification of any portion of this application will result in my immediate disqualification for the program.

I hereby authorize the release of all transcript information cited above to the BMRI High School Student Program Committee and/or other individuals involved in the selection of students.

Signature *

[Clear](#)

Agreement *

Yes - I agree to the above information and I understand that my electronic signature is legally binding, just as if I had signed a paper document.

Enter the message as
it's shown *

I'm not a robot

reCAPTCHA
[Privacy](#) - [Terms](#)

SUBMIT