

# High School / Volunteer Application

*Apply Online to Participate in Research at Burke Medical Research Institute*

## 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 \***

First Name

Middle Name

Last Name

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Email \***

**Phone Number \***

 - 

Area Code Phone Number

**Date of Birth \***

 /  /  

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 \***

**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 \***



Type the text

[Privacy & Terms](#)

Submit