

Summer Science Research Application

Apply Online to Participate in the Summer Science Research Program at Burke Medical Research Institute

Instructions

A completed application and required documents must be submitted by the **application deadline March 15, 2017.**

Documents:

- Undergraduate transcript (a student copy is acceptable)
- Resume or C.V.
- 2 Letters of recommendation (from faculty able to accurately judge the applicant's abilities and motivations)

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:

- Undergraduate transcript (a student copy is acceptable)
- Resume or C.V.

STEP 3

Select two faculty/professors that are able to accurately judge your abilities and motivations. Gather an email address for each faculty/professor.

STEP 4

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

STEP 5

Complete the following online application.

Personal Information

Full Name *

First Name

Middle Initial

Last Name

Mailing 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

Undergraduate Education

Undergraduate Institution *

Institution Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Major *

G.P.A. *

Expected Graduation Date *

 / / 

Month Day Year

High School Education

High School *

High School Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

G.P.A. *

Graduation Date *

Month

Day

Year



Research

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

Yes

No

Do you have any additional funding for the summer that has already been awarded or is pending? *

Yes

No

Do you have experience with statistics or biostatistics? *

Yes

No

Are you planning on applying to graduate/medical school? *

Yes

No

Research Continued

Summer Placement

Indicate your top three choices for summer placement.

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 >](#)

First lab preference *

Second lab preference *

Third lab preference *

Your Experience

Please provide short answers to the following questions so that we can better evaluate your application and find the best potential lab placement for you.

If accepted, what are your goals/expectations for this program? *

Please describe how your previous research experience and/or personal strengths would benefit a research team. *

Is there anything else that you would like to tell us about yourself or your interests? *

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.

Resume or C.V. *

No file chosen

Upload file formats: PDF or Word.

Letters of Recommendation

Select two faculty/professors to provide recommendation letters for you. The faculty/professor should be able to accurately judge your abilities and motivations.

First Reference

First Referee *

First Name Last Name Degrees

Title

Department

Division

Institution *

Phone Number

-
Area Code Phone Number

Email *

Second Reference

Second Referee *

First Name Last Name Degrees

Title

Department

Division

Institution *

Phone Number

-
Area Code Phone Number

Email *

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.

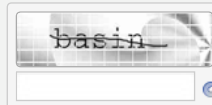
I hereby authorize the release of all transcript information cited above to the BMRI Summer Student Program Committee and/or other individuals involved in the selection of students. I hereby authorize the release of two letters of recommendation, with the understanding and promise that such information will be kept in the strictest confidence.

Signature *

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 *



Submit