



The Leah Menshouse Springer Summer Opportunities Program

Student Application Form



► Applicant Information

Name (First, Last): _____ Date of Birth: _____

Permanent mailing address: _____

Current mailing address (if different): _____

At current address through: _____

Phone: _____ E-mail: _____

Are you a U.S. citizen? Yes No

If no, you must be a permanent U.S. resident, on an F-1 visa (student visa) through WUSTL, or completing your optional practical training (OPT) on an F-1 visa through another school. This program does not qualify for an H-1B, J-1, or TN visa.

Please note that the self-identification below is entirely voluntary. Responses are will only be used the necessary information to include in our required reports to Federal funders. Reported data does not identify specific individuals.

Ethnicity – Select one: Hispanic Non-Hispanic

Race – Optional (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |

► Education History

Current Academic status (2018/2019):

- | | |
|--|---|
| <input type="checkbox"/> Undergraduate – Freshman | <input type="checkbox"/> Undergraduate – Sophomore |
| <input type="checkbox"/> Undergraduate – Junior | <input type="checkbox"/> Undergraduate – Senior |
| <input type="checkbox"/> Graduate School | <input type="checkbox"/> Postbaccalaureate Premedical Program |
| <input type="checkbox"/> Medical School – First Year | <input type="checkbox"/> Medical School – Second Year |

Current institution: _____

Major: _____ Minor: _____

Date enrolled: _____ Expected date of graduation: _____ GPA: _____

Undergraduate institution (if different): _____

Dates enrolled: _____ Major: _____ GPA: _____

► **Research Experience**

Please list previous research experience (if applicable):

Principal Investigator/Mentor	Institution	Duration

Please list any resulting publications (if applicable):

Title	Journal	Year

► **References**

*References must submit their letters of support to proposalCENTRAL before January 14, 2019 (6:00pm EST/ 5:00pm CST)
You are unable to successful submit your application until both letters are received so be sure to request early! Please provide the following information for your two references.*

Name: _____ Title: _____

Institution: _____

Name: _____ Title: _____

Institution: _____

► **Personal Statement**

Please answer the following questions in the space allotted

Education: Why do you wish to participate in the Leah Menshouse Springer Summer Program? How would this experience enhance your long-term learning objectives?

Skills and Achievements: Describe relevant characteristics, extracurricular activities, and accomplishments that will make you successful in the Summer Student Program and in a research environment.

Previous Research Experience: Describe the focus and outcome of previous research projects, including specific laboratory techniques used (e.g. PCR, gene cloning, Western blots, etc.) and computer programs used.

Research Interest: Please give your reasons for your interest in cancer research and the three main areas of cancer-related research you would like to experience and explain why. Please indicate the type of research you are most interested in (basic, clinical, population-based). If you wish, list a few Siteman Cancer Center faculty whose work is of particular interest to you, especially if you are considering a career path that includes a PhD or MD/PhD. *We will consider – but cannot commit to – student requests to work with specific cancer-focused faculty members.*