

PLEASE TYPE SECTIONS III. - VI. ON SEPARATE PAPER.
THERE ARE NO PAGE LIMITATIONS BUT, PLEASE BE CONCISE.

III. EMPLOYMENT HISTORY

Please provide information covering your employment experience that would be relevant to this program (i.e. previous laboratory or medical experience). Include name of employer, dates, and a brief job description beginning with your most recent employment.

IV. GOALS

What are your long range career goals?

V. OBJECTIVES

What objectives and accomplishments do you expect to achieve by participating in the Chester Summer Scholars Program?

VI. PERSONAL INFORMATION

Please tell us any other information on your experience or abilities which you believe would assist us in evaluating your qualifications such as your interests, hobbies, recreational activities, affiliations, etc.

VII. RECOMMENDATIONS

Please arrange for three letters of recommendation from individuals with academic or previous scientific work connections to be forwarded to the address below.

MISCELLANEOUS

How did you hear of the Chester Summer Scholars Program?

I hereby certify that all answers made on this application are complete and true to the best of my knowledge. I understand that any falsification would eliminate my application for consideration.

Signature: _____

Date: _____

Deadline is FRIDAY, FEBRUARY 13, 2009

Students will be notified of results on March 23, 2009

MAIL APPLICATION MATERIALS TO
Division of Neonatology
Research Building 2nd Floor
Attention: Kathy Doyle
2500 MetroHealth Drive
Cleveland, Ohio 44109-1998

Remember this is a two-page application. If you were only given a one-page application, please ask your advisor for the second page or contact our offices and we can e-mail, fax or mail to you. Complete application is also available through our Web site <http://www.metrohealth.org/cssprogram>. Remember to include a completed application and one copy (including additional sheets), THREE letters of recommendation and official school transcript.