



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 submitted.

### 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 no later than FRIDAY, FEBRUARY 8, 2019**

Students will be notified of results the week of March 11, 2019

MAIL APPLICATION MATERIALS TO  
MetroHealth Medical Center  
Division of Neonatology  
Ground Floor, C Towers  
Room: C.G88.  
Attention: Cassandra Smith  
2500 MetroHealth Drive  
Cleveland, Ohio 44109-1998

If further information is needed, please call Cassandra at 216-778-5946

e-mail: [csmith1@metrohealth.org](mailto:csmith1@metrohealth.org)

fax: 216-778-3252

**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>. Look under education directory**

for site. Remember to include a completed application, THREE letters of recommendation, and official school transcript. These can be submitted all at once or separately by mail or e-mail.