The MetroHealth Foundation THE EDWARD M. CHESTER, M.D. SUMMER SCHOLARS PROGRAM 2024 APPLICATION FORM

PROGRAM REQUIREMENTS

Must be an Ohio resident <u>OR</u> attend an Ohio college or university Must have completed two (2) years of undergraduate degree The program runs from Tuesday, May 30th through Friday, August 2nd, 2024.

I. PERSONAL DATA

NAME: LAST	FIRST	M.I.		
CURRENT ADDRESS: NUMBER	STREET	CIT	TY STAT	E ZIF
HOME ADDRESS: NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE NO.	SCHOOL TELEPHO	NE NO.	E-MAIL ADDRESS	
SOCIAL SECURITY NUMBER	BIRTHDATE		AVAILABLE STA	RTING DATE
	II.	EDUCATION		
NAME ADDRES	S DATES ATTENDE TO	D G.P.A. DE FROM	GREE MAJO	R/MINOR
HIGH SCHOOL				
*COLLEGE				
*COLLEGE				
*GRADUATE SCHOOL				
*OTHER				
COLLEGE AWARDS & HONORS:				
*Please send official school t		(Page 1 of 2)		

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 <u>three</u> 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 that any falsification would eliminate my application for o	on are complete and true to the best of my knowledge. I understand consideration.
Sianature:	Date:

Deadline is no later than FRIDAY, March 8, 2024

Students will be notified of results the week of April 15th, 2024

MAIL APPLICATION MATERIALS TO
MetroHealth Medical Center
Division of Neonatology
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

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.