



## HARTFORD HOSPITAL SUMMER STUDENT RESEARCH FELLOWSHIP

Name \_\_\_\_\_ Citizen of \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ School Phone \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

College \_\_\_\_\_

Major: \_\_\_\_\_ Degree \_\_\_\_\_ Year Received/Expected \_\_\_\_\_

If attended other colleges, list name, attendance dates and major: \_\_\_\_\_

\_\_\_\_\_

Science courses completed or to be completed by end of current year: **Request official transcript sent directly from school.**

\_\_\_\_\_

\_\_\_\_\_

Research experience: (nature of work, location, dates) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Non-academic experience: (no and off-campus activities, summer jobs, etc.) \_\_\_\_\_

\_\_\_\_\_

Reference Letters: requested by applicant from two professors and sent directly to us by the writers.

Reference: \_\_\_\_\_ Address \_\_\_\_\_

Reference: \_\_\_\_\_ Address \_\_\_\_\_

Applicant statement: On one printed page state the reasons why and how you wish to participate in this program and how this Fellowship fits into your overall career plans.

**Required interview at Hartford Hospital:** To be scheduled by applicant (Interviews end March 9, 2007).

Please return this application to:  
Lizabeth Roper  
Clinical Research Center, Hartford Hospital  
80 Seymour St., Box 5037  
Hartford, CT 06102-5037

Attach Recent 2x 2 photo  
For Hospital Newspaper  
in the event you become  
a Summer Student Fellow