



APPLICATION FORM
 WEILL CORNELL / ROCKEFELLER / SLOAN-KETTERING
 GATEWAYS TO THE LABORATORY PROGRAM
 JUNE 1, 2009 – AUGUST 7, 2009
DEADLINE FOR ALL APPLICATION MATERIALS: FEBRUARY 2, 2009

PERSONAL INFORMATION (Please Print or Type)

FULL NAME LAST _____ FIRST _____ MIDDLE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ AGE _____ FEMALE MALE

CITIZENSHIP STATUS U.S. CITIZEN PERMANENT RESIDENT, INCLUDE 1-551 CARD# _____

CURRENT UNDERGRADUATE INSTITUTION _____

MAILING ADDRESS Valid until ____/____/____

STREET _____

CITY _____

STATE _____ ZIP CODE _____

COUNTRY _____

TELEPHONE NUMBER _____

(Area Code) or (International City Code) and Number

E-MAIL _____

PERMANENT ADDRESS

STREET _____

CITY _____

STATE _____ ZIP CODE _____

CELL PHONE NUMBER _____

TELEPHONE NUMBER _____

(Area Code) and Number

E-MAIL _____

PARENT/GUARDIAN INFORMATION

NAME _____

ADDRESS _____

PHONE _____

E-MAIL _____

FIELDS OF STUDY

MAJOR _____ MINOR _____ OTHER _____

OVERALL CUMULATIVE GPA _____ CUMULATIVE GPA IN MAJOR _____ EXPECTED DATE OF GRADUATION _____

The Gateways to the Laboratory Program is only open to college freshman and sophomores.

*List your completed college level math and science courses:

SAT Score: MATH _____ VERBAL _____ COMBINED _____

FACULTY MEMBERS WHO ARE WRITING YOUR LETTERS OF RECOMMENDATION

Recommender 1 Name _____

Title _____

Institution _____

Recommender 2 Name _____

Title _____

Institution _____

WHICH ACADEMIC DEGREE DO YOU INTEND TO PURSUE AFTER COMPLETING YOUR BACHELOR'S DEGREE?

M.D./Ph.D. Ph.D. M.D. M.B.A. J.D. Other _____

GENERAL AREA OF RESEARCH INTEREST:

RESEARCH EXPERIENCE (dates, location, mentor, research project):

DEMOGRAPHIC INFORMATION

WHAT RACE(S) DO YOU CONSIDER YOURSELF TO BE?

- American Indian or Alaskan Native.** A person having origins in any of the original peoples of North, Central or South America who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the far east, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African-American.** A person having origins in any of the Black Racial groups of Africa.
- Native Hawaiian or other U.S. Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other U.S. Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or Northern Africa.
- Other.** (Please Specify) _____
- Decline to Indicate.**

DO YOU CONSIDER YOURSELF TO BE HISPANIC OR LATINO?

- Hispanic or Latino.** A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish Culture or origin. (Please Specify) _____
- Not Hispanic or Latino.**
- Decline to Indicate.**

THE GATEWAYS TO THE LABORATORY PROGRAM IS OPEN TO MEMBERS OF UNDERREPRESENTED MINORITY OR OTHERWISE DISADVANTAGED GROUPS AS DESCRIBED BY THE NATIONAL INSTITUTES OF HEALTH. (http://grants.nih.gov/TRAINING/FAQ_DIVERSITY.HTM#A3) ONLY APPLICANTS WHO FALL INTO ONE OF THESE GROUPS WILL HAVE THEIR APPLICATION CONSIDERED FOR ADMISSION.

DISADVANTAGED GROUP

- FAMILY ANNUAL INCOME QUALIFIES FOR FEDERAL DISADVANTAGED ASSISTANCE/LOAN? Yes No
DO YOU COME FROM A RURAL OR INNER-CITY ENVIRONMENT? Yes No

UNDERREPRESENTED MINORITY Yes (Please Describe) _____ No

ARE YOU A FIRST-GENERATION COLLEGE STUDENT? Yes No

DO YOU HAVE A DISABILITY (defined as a physical or mental impairment that substantially limits one or more major life activities)?
 Yes (Please Describe) _____ No

HOW DID YOU HEAR ABOUT THE GATEWAYS TO THE LABORATORY PROGRAM? (Check all that apply)

- Fellow student Department Conference _____ Web site Other _____

ARE YOU CURRENTLY PARTICIPATING IN A GOVERNMENT/PRIVATE SCHOLARSHIP PROGRAM? (Check if applicable)

- MARC MBRS McNair Mellon Other _____

Have you ever participated in a summer research program? Yes No

If Yes, list the program(s) and year(s): _____

What other summer programs are you applying to? _____

ACADEMIC ADVISOR

Name _____ Title _____
Phone Number _____ Email _____

The information that you have provided may be used in aggregate for research purposes. Some aspects of our application may be used by Gateways to the Laboratory to track your academic progress or for graduate school recruiting efforts. None of the information will be released to others in a way that identifies you or can be used for solicitation purposes.

Save your application as a PDF with your name as the file name (Last Name, First Name). Email it to mdphd2@med.cornell.edu.

or:

MAIL ALL MATERIALS TO:

Weill Cornell / Rockefeller / Sloan-Kettering
Gateways to the Laboratory Program
1300 York Avenue, Room C-103
New York, NY 10065
(212) 746-6023 or Toll Free 1-888-U2-MD-PHD

Applications are available at: www.med.cornell.edu/mdphd
Incomplete applications will not be considered.
Early completed applications are strongly encouraged.
All materials must be postmarked no later than February 2, 2009.

Applicant's Name _____

Please summarize your laboratory experience, research interests and goals. Make sure you articulate your qualifications and reasons for wishing to participate in the program.