

Thank you for your interest in the Summer Clinical and Translational Research Program (SCTRP). Sponsored by Harvard Catalyst | The Harvard Clinical and Translational Science Center Program for Faculty Development Diversity Inclusion and the Office for Diversity Inclusion and Community Partnership, SCTRTP is a ten-week mentored, summer research program designed to enrich the pipeline of college students' understanding of and interest in pursuing clinical and/or translational research, as well as to increase underrepresented minority and disadvantaged college student exposure to clinical/translational research.

The 2015 Summer Clinical and Translational Research Program begins Monday June 8, 2015 and ends Friday August 14, 2015. The Program provides students with housing as well as a salary. Transportation reimbursement of up to \$400 toward the cost of traveling to and from Boston is available.

Eligible participants are: undergraduate sophomores, juniors and seniors, particularly those attending Minority Biomedical Research Support (MBRS) and Minority Access to Research Careers (MARC) NIH-funded institutions, historically black colleges and universities, Hispanic-serving institutions, and/or Tribal Colleges with baccalaureate degree programs, and/or alumni of the Harvard Medical School Minority Faculty Development Program and/or the Biomedical Science Careers Program. ***Applicants must be U.S. Citizens or U.S. Noncitizen Nationals or U.S. Permanent Residents.***

To be considered for the Program, applicants must submit: a completed application form, statement of purpose, short answer questions, resume/curriculum vitae, official transcript, and two letters of recommendation.

Important Program Dates and Deadlines:

Final Postmark Deadline for Application Materials:	Friday January 9, 2015
Notification of 2015 SCTRTP Participants:	Friday February 27, 2015
Program Length:	Ten weeks
Start Date:	Monday June 8, 2015
End Date:	Friday August 14, 2015

This packet contains the following:

- Application Form for the Summer Clinical and Translational Research Program
- Application Form Instructions and Checklist
- Recommendation Forms

For more information: please contact Danyellé Thorpe, Program Coordinator, at 617.432.1892 or danyelle_thorpe@hms.harvard.edu. You may also direct any questions to the following email pfdd_dcp@hms.harvard.edu or consult our website: <http://www.mfdp.med.harvard.edu/Catalyst>

Sincerely,

Joan Y. Reede, MD, MPH, MBA
Dean for Diversity and Community Partnership
Director, Program for Faculty Development Diversity Inclusion
Harvard Catalyst | The Harvard Clinical and Translational Science Center
Harvard Medical School

Dear College Student,

Thank you for your interest in the **2015 Summer Clinical and Translational Research Program**, sponsored by Harvard Catalyst | The Harvard Clinical and Translational Science Center Program for Faculty Development Diversity Inclusion in the Office for Diversity Inclusion and Community Partnership at Harvard Medical School. Please take a moment to review the following information.

Program Eligibility:

Undergraduate sophomores, juniors and seniors, particularly those attending Minority Biomedical Research Support (MBRS) and Minority Access to Research Careers (MARC) NIH-funded institutions, historically black colleges and universities, Hispanic-serving institutions, and/or Tribal Colleges with baccalaureate degree programs, and/or alumni of the Harvard Medical School Minority Faculty Development Program and/or the Biomedical Science Careers Program. *Applicants must be U.S. Citizens or U.S. Noncitizen Nationals or U.S. Permanent Residents.*

Final Postmark Deadline for Application Materials: Friday January 9, 2015

Length: SCTRP is a ten week program, running from Monday June 8, 2015 through Friday August 14, 2015

Financial Assistance: The program will provide a salary and transportation reimbursement of up to \$400 toward the cost of traveling to and from Boston.

Application Check List:

Please use the following check list to ensure that all 8 components of the application are completed.

1. completed application form
2. short answer questions
3. statement of purpose
4. official undergraduate transcript mailed from your Registrar directly to our office
5. resume/curriculum vitae
6. two sealed letters of recommendation from a professor or person familiar with your academic/research background (please see SCTRP Recommendation Form)
7. copy of your medical insurance card (front and back)
8. proof of immunizations

Please mail above information to:

Danyellé Thorpe, Program Coordinator
CTSC, Program for Faculty Development Diversity Inclusion
Office for Diversity Inclusion and Community Partnership Harvard Medical School
164 Longwood Avenue, 2nd Floor
Boston, MA 02115
Tel: 617.432.1892
Fax: 617.432.3834
Email: danyelle_thorpe@hms.harvard.edu or pfdd_dcp@hms.harvard.edu
Website: <http://www.mfdp.med.harvard.edu/Catalyst>



**Summer Clinical/Translational Research Program
Undergraduate Student Application 2015**

SECTION A: PERSONAL DATA

1. Name _____
Last First Middle

2. Date of Birth (mm/dd/yyyy) _____

3. Email Address _____ 4. Cell Phone _____

5. Current Address: ☐ Check if preferred mailing address

(Number & Street) (Apt/Suite #)

(City/Town) (State) (Zip)

6. Permanent Address: ☐ Check if preferred mailing address

(Number & Street) (Apt/Suite #)

(City/Town) (State) (Zip)

7. Permanent Home Phone _____

8. Please indicate your citizenship status: ☐ U.S. Citizen ☐ U.S. Permanent Resident ☐ U.S. Noncitizen National

☐ Other If other, please indicate: _____

9. Family Information – Parent/Legal Guardian

Father's Name _____

(Number & Street) (Apt/Suite #)

(City/Town) (State) (Zip)

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Father's Highest Level of Education Completed: (please check)

- ☐ Some High School
- ☐ High School Diploma/GED
- ☐ Some College
- ☐ Associate's Degree

- ☐ Bachelor's Degree
- ☐ Graduate Degree (e.g. MD, JD, MBA)
- ☐ Doctorate (PhD)
- ☐ Other: _____

Name of Applicant: _____

Mother's Name _____

(Number & Street) (Apt/Suite #)

(City/Town) (State) (Zip)

Daytime Phone _____ Evening Phone _____ Cell Phone _____

Mother's Highest Level of Education Completed: (please check)

- ☐ Some High School
- ☐ High School Diploma/GED
- ☐ Some College
- ☐ Associate's Degree

- ☐ Bachelor's Degree
- ☐ Graduate Degree (e.g. MD, JD, MBA)
- ☐ Doctorate (PhD)
- ☐ Other: _____

SECTION B: ACADEMICS

10. Current College Name _____

11. College Address:

(Number & Street) (Apt/Suite #)

(City/Town) (State) (Zip)

12. Current School Classification (Freshmen are not eligible) _____ Sophomore _____ Junior _____ Senior

13. Expected Date of College Graduation _____

14. Major _____

15. What is your college grade point average? _____ out of _____

16. Is your College or University one of the following: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> MARC-Funded Institution | <input type="checkbox"/> MBRS-Funded Institution | <input type="checkbox"/> RCMi Designated Institution |
| <input type="checkbox"/> Hispanic Serving Institution | <input type="checkbox"/> Historic Black College or University | <input type="checkbox"/> Tribal College |

17. If you are MARC or MBRS Funded student, please list your Program Director's name and contact information:

Name: _____

Email Address: _____

Phone: _____

18. Please list all scholarships and/or funding you currently receive (i.e. University Scholarships, MARC Scholar, MBRS Scholar, etc.)

--

Name of Applicant: _____

19. Have you applied to the SCTRP program in the past? ☐ Yes ☐ No If yes, what year? _____

20. Have you participated in? (check all that apply)

☐ Biomedical Science Careers Program (BSCP)

☐ New England Science Symposium (NESS)

☐ Project Success

☐ Other Harvard University affiliated research and/or educational program (please specify) _____

21. Have you ever participated in any of the following types of science programs? (Please check the appropriate line for each type of program. **If yes**, please indicate the program name).

	Yes	No	Don't Know	Program Name/Date
a. Non-high School Sponsored Science Education Program				
b. Science Research in High School				
c. Science Research in College				
d. Science Research in Medical School				
e. Career Educational Planning				
f. Science Mentoring				
g. Science Counseling				
h. Science Volunteer				
i. Health Volunteer				

22. Have you ever been discouraged from pursuing? (Please check the appropriate box for each type of program)

	Yes	No	Don't Know
a. Graduate School-level Studies			
b. Career in Science or Engineering			
c. Career in Health			
d. Career in Public Health			

23. Are you planning to attend Medical, Dental, or Graduate school after you graduate from college? (check one)

_____ Yes _____ No _____ Undecided

If Yes, which? (Check all that apply) _____ Medical _____ Dental _____ Graduate

Which schools are you considering? _____

If No, what will you do after graduation?

Name of Applicant: _____

SECTION C: SHORT ANSWER QUESTIONS

Please answer the following questions. Type your answers on a separate sheet of paper. Clearly indicate your full name and the question you are answering (Question #_). Be certain to submit any separate sheets with the rest of the application.

24. Please list any honors, awards or special recognition that you have received.

25. Briefly describe any of your past and present research and/extracurricular activities, especially those related to science and/or health. (Limit 250 words)

26. List any community or professional organizations to which you belong.

27. What do you see yourself doing in **2** years?

28. What do you see yourself doing in **10** years?

29. Briefly describe what you would like to gain from your participation in the 2015 Summer Clinical and Translational Research Program.

30. Describe three talents or skills that you feel have made you successful in your academic career.

31. While we cannot guarantee a research opportunity in a specific field, please indicate the area(s) of research that you prefer (list in order of preference).

Section D: STATEMENT OF PURPOSE

A statement of purpose is required of all applicants. Please be as specific as possible about your professional interests, particularly research interests; career objectives, and long-term goals. This statement must be typed on a separate sheet of paper; it should not exceed 500 words. Please include your full name on the paper; enclose the statement with your application.

Section E: REFERRAL SOURCES

How did you first learn about the Summer Clinical and Translational Research Program?

If from an individual, please specify:

<hr/>	<hr/>	<hr/>
(First Name)	(Last Name)	(Title)
<hr/>		
(Address)	(City)	(State/ZIP)

Other Referral Source (check all that apply):

- ☐ Received mailing
- ☐ From a professor; (specify individual above)
- ☐ From a student; (specify individual above)
- ☐ Professional organization; specify:

☐ Student organization; specify:

☐ Meeting/conference; specify:

- ☐ Harvard faculty; (specify individual above)
- ☐ Harvard staff; (specify individual above)
- ☐ Non-Harvard faculty; (specify individual above)
- ☐ Self-initiated inquiry
- ☐ Google search or other search engine; specify:

☐ Web site; specify:

☐ Other; specify:

Name of Applicant: _____

Section F: OPTIONAL AND CONFIDENTIAL
Personal Information (optional)

1. Do you consider yourself to be Hispanic/Latino?

- ☐ No
☐ Yes

If yes, please check all the apply

- ☐ Cuban
☐ Dominican
☐ Mexican, Mexican American, Chicano
☐ Puerto Rican
☐ South or Central American
☐ Other (specify) _____

2. How do you identify your race? Please check all that apply.

- ☐ American Indian or Alaska Native

Please specify name of enrolled or principal tribe: _____

- ☐ Asian

If yes, please check all that apply:

- ☐ Asian Indian
☐ Cambodian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Pakistani
☐ Vietnamese
☐ Other (specify) _____

- ☐ Black or African American

- ☐ African American
☐ Caribbean or West Indian
☐ African (specify country) _____
☐ Other (specify) _____

- ☐ Native Hawaiian or other Pacific Islander

- ☐ Guamanian or Chamorro
☐ Native Hawaiian
☐ Samoan
☐ Other Pacific Islander (specify) _____

- ☐ White

- ☐ Other

3. How do you identify your gender?

- ☐ Female
☐ Male
☐ Other (specify) _____

Section G: RECOMMENDATION FORMS

Mail to:

CTSC Program for Faculty Development Diversity Inclusion
Office for Diversity Inclusion and Community Partnership
Harvard Medical School
164 Longwood Avenue 2nd Floor
Boston, MA 02215

To the Applicant: Please fill out the upper portion of this Recommendation Form and forward it to a university instructor or to a person who is familiar with your academic and research background. Please provide this person with a self-addressed envelope and ask him or her to enclose the completed Recommendation Form in the envelope, seal the envelope, sign across the seal, and return it to you. **Do not open this envelope.** Submit the sealed envelope with your application or as soon as possible, and prior to the deadline.

Applicant's Name:

University/College:

Candidate's Waiver of Right of Access to Confidential Recommendation Letter:

(Signature)

(Date)

Recommender:

(Name)

(Title)

To the Person Completing this Recommendation Form: Please complete the form, enclose it in the envelope which the applicant has provided you, seal the envelope, sign across the seal, and mail it to the applicant. The recommendation will be submitted unopened by the applicant with his/her application form.

1. How long have you known the applicant and in what connection?

2. What do you consider to be the applicant's strengths and talents?

Name of Applicant: _____

3. What do you consider to be the applicant's limitations?

4. Please rate the applicant in the areas indicated below. We are interested in your comparison of the applicant with others in a particular reference group, such as a seminar or graduating class. Please identify this reference group in the space provided.

Reference Group

	SUPERIOR (TOP 5%)	EXCELLENT (TOP 10%)	GOOD (TOP 30%)	AVERAGE (TOP 30-50%)	MARGINAL (BELOW 50%)	UNABLE TO COMMENT
Native Intellectual Ability						
Analytic Ability						
Quantitative Ability						
Problem Solving Orientation						
Quality of Oral Expression						
Quality of Written Expression						
Motivation/Energy						
Perseverance						
Leadership Capacity						
Judgment/ Critical Sense						
Emotional Maturity						
Works Well with Diverse Groups of People						
Flexibility in New Situations						
Collegiality/Ability to Work with Others						

Name of Applicant: _____

5. Please make any additional comments about the applicant's record, potential, and /or personal qualities that you feel would be helpful.

Recommender's Signature _____ Date _____

Title: _____

Institution/Firm: _____

Address: _____

Please return this form as soon as possible directly to the applicant in the envelope she or he has provided.

Thank you.

Section G: RECOMMENDATION FORMS

Mail to:

CTSC Program for Faculty Development Diversity Inclusion
Office for Diversity Inclusion and Community Partnership
Harvard Medical School
164 Longwood Avenue 2nd Floor
Boston, MA 02215

To the Applicant: Please fill out the upper portion of this Recommendation Form and forward it to a university instructor or to a person who is familiar with your academic and research background. Please provide this person with a self-addressed envelope and ask him or her to enclose the completed Recommendation Form in the envelope, seal the envelope, sign across the seal, and return it to you. **Do not open this envelope.** Submit the sealed envelope with your application or as soon as possible, and prior to the deadline.

Applicant's Name:

University/College:

Candidate's Waiver of Right of Access to Confidential Recommendation Letter:

(Signature)

(Date)

Recommender:

(Name)

(Title)

To the Person Completing this Recommendation Form: Please complete the form, enclose it in the envelope which the applicant has provided you, seal the envelope, sign across the seal, and mail it to the applicant. The recommendation will be submitted unopened by the applicant with his/her application form.

1. How long have you known the applicant and in what connection?

2. What do you consider to be the applicant's strengths and talents?

Name of Applicant: _____

3. What do you consider to be the applicant's limitations?

4. Please rate the applicant in the areas indicated below. We are interested in your comparison of the applicant with others in a particular reference group, such as a seminar or graduating class. Please identify this reference group in the space provided.

Reference Group

	SUPERIOR (TOP 5%)	EXCELLENT (TOP 10%)	GOOD (TOP 30%)	AVERAGE (TOP 30-50%)	MARGINAL (BELOW 50%)	UNABLE TO COMMENT
Native Intellectual Ability						
Analytic Ability						
Quantitative Ability						
Problem Solving Orientation						
Quality of Oral Expression						
Quality of Written Expression						
Motivation/Energy						
Perseverance						
Leadership Capacity						
Judgment/ Critical Sense						
Emotional Maturity						
Works Well with Diverse Groups of People						
Flexibility in New Situations						
Collegiality/Ability to Work with Others						

Name of Applicant: _____

5. Please make any additional comments about the applicant's record, potential, and /or personal qualities that you feel would be helpful.

Recommender's Signature _____ Date _____

Title: _____

Institution/Firm: _____

Address: _____

Please return this form as soon as possible directly to the applicant in the envelope she or he has provided.

Thank you.