

**HARTFORD HOSPITAL
SUMMER STUDENT RESEARCH FELLOWSHIP**

Name _____ Citizen of _____ Soc. Sec. # _____

Mailing Address _____

School Phone _____

Home Address _____

Home Phone _____

E-Mail _____ Cell Phone _____

Present Status _____ Year Completed as of May 2010 _____

Name of College

Major: _____ Degree _____ Year Received _____
or 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: (on and off-campus activities, summer jobs, etc.) _____

Research investigation preference: (list three areas from program description) _____

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 you wish to participate in this program and how this Fellowship fits into your overall career plans.

Complete applications will be reviewed and potential candidates for the fellowship will be invited for an interview. Deadline for completed application is February 12, 2010. Interviews will be completed by end of March.

Please return this application to:
Rosemarie Portal, Director
Summer Student Research Fellowship Program
Dept of Medical Education
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