

**HARTFORD HOSPITAL  
SUMMER STUDENT RESEARCH FELLOWSHIP**

Name \_\_\_\_\_ US Citizen or Permanent resident (please circle)

Soc. Sec. # (last four digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-Mail \_\_\_\_\_

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

School Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

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

Present Status \_\_\_\_\_ Year Completed as of May 2012 \_\_\_\_\_

Name of College

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

If attended other colleges, list name, attendance dates & 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: \_\_\_\_\_ Contact Email/Phone # \_\_\_\_\_

Reference: \_\_\_\_\_ Contact Email/Phone # \_\_\_\_\_

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 10, 2012. 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