



EMORY WINSHIP CANCER INSTITUTE

A Cancer Center Designated by
the National Cancer Institute

Application Form

This application must be postmarked no later than Saturday, February 18, 2017. The application can also be emailed to ssrp@emory.edu in pdf format, in which case it must be received by 11:59PM Eastern Time on February 18, 2017. There are no exceptions to this deadline. Incomplete applications will not be eligible for review.

Reminder: Students must be age 17 or older by June 5, 2017 to participate. UNFORTUNATELY, THERE ARE NO EXCEPTIONS.

STUDENT INFORMATION

Name: _____ Gender: _____
(Last/Family) (First) (Middle Initial)

Home Address: _____
(Number and Street) (City or Town) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____ E-mail: _____@_____

Date of Birth: _____ Current Grade Level: _____ PSAT Scores: _____
(Writing) (Verbal) (Math)

Student Signature: _____ Date: _____

SCHOOL INFORMATION

High School: _____
(Name) (Street Address) (City or Town) (Zip Code)

School District/County: _____ School Phone Number: _____

Science Chair's Name: _____ Principal's Name: _____

ADDITIONAL TRAINING AND EXPERIENCE

Please describe any additional training or science experience you have received in the last 4 years you would like us to know.

Do you have access to a computer and internet at home and on site if chosen for our program?

Yes _____ No _____

In order for us to get to know you a little better, please answer the below questions.

From the following list, please indicate by checking all the academic areas in which you have an interest:

<input type="checkbox"/>	Accounting/Business	<input type="checkbox"/>	Chemistry	<input type="checkbox"/>	Health/Physical Education	<input type="checkbox"/>	Medical Technology
<input type="checkbox"/>	Fine Arts	<input type="checkbox"/>	Economics	<input type="checkbox"/>	History	<input type="checkbox"/>	Psychology
<input type="checkbox"/>	Performing Arts	<input type="checkbox"/>	Modern Languages	<input type="checkbox"/>	Journalism/Publications	<input type="checkbox"/>	Philosophy/Theology
<input type="checkbox"/>	Biology	<input type="checkbox"/>	Geography	<input type="checkbox"/>	Mathematics/Statistics	<input type="checkbox"/>	Political Science
<input type="checkbox"/>	English/Literature	<input type="checkbox"/>	Education (K-12)	<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Social Science
<input type="checkbox"/>	Environmental Science	<input type="checkbox"/>	Computer Science	<input type="checkbox"/>	Pre-Law	<input type="checkbox"/>	Urban/Women’s Studies
<input type="checkbox"/>	Pre-Med/Pre-Vet	<input type="checkbox"/>	Physics	<input type="checkbox"/>	Geosciences	<input type="checkbox"/>	Criminal Justice

ACADEMIC ACHEIVEMENTS

List the high school science courses you have taken, designate regular, honors or AP level, and grade earned.

List the high school math and computer courses you have taken, designate regular, honors or AP level, and grade earned.

List any honors, awards, or achievements and describe how they have impacted you.

Other Achievements and Activities

Tell us about the extracurricular activity/hobby that is most important and meaningful to you. (250 words or less)

Other Questions

Tell us why you want to spend your summer learning more about cancer.

What strengths will you individually bring to this program?

What are your personal goals to attain from attending this program?

Tell us about one of the greatest lessons in life you have learned to date?

Please tell us anything additional that makes you unique or exceptional for consideration.

Is there anything else you would like us to know about you?

Please name two teachers who will complete a recommendation form as part of your application. A recommendation by a third adult other than a teacher is optional.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

PARENT/GUARDIAN INFORMATION

An important aspect of the program is to establish a relationship with the SSRP participants and to build a database of alumni. If your child is selected to participate, we will urge him or her to contact the Director periodically to share information about college admissions, undergraduate choices of study and, if pertinent, graduate school. The information you provide below will help us remain in contact with the SSRP students.

Name: _____ Home Phone Number: _____

Daytime Phone Number: _____ E-mail: _____ @ _____

Application process:

1. Application completed and submitted by students to the address below or by email at ssrp@emory.edu. Emailed applications must be in pdf format.
2. Official copy of high school transcript MUST be mailed with post mark date before February 18, 2017
3. Two letters of recommendation completed by teachers, one science / one non-science to be completed on website and submitted.
4. <https://winshipcancer.emory.edu/education/summer-scholars/index.html>

Mail transcript to:

**Dr. Jonathon B. Cohen
c/o Barbara Copeland
Winship Cancer Institute of Emory University
1365 Clifton Road, Building B
Suite B4300
Atlanta, GA 30322**