



Summer Student Research Program
81 Research Drive
Scarborough, Maine 04074-7205

2010 Application Instructions

A. Eligibility Criteria

There are specific eligibility requirements for applicants to this program. At the time of participation in the program, a student must (1) be enrolled as a full-time undergraduate student or (2) be a high school senior who is enrolled in college for the fall 2010 semester. Make sure that you are eligible before completing this application. Applications from students who are not eligible will not be reviewed.

B. Required Documents

- Application Form
- Resume
- Essay
- Two (2) letters from professors
- Recent two (2) years of official transcripts
- E-mail address and telephone number where you can be contacted

Please assemble your application documents in the order listed above. Check the boxes to ensure you have not forgotten anything. Your complete application consisting of the above documentation should be mailed in one envelope to:

Debbie Smith
Coordinator, Summer Student Research Program
Maine Medical Center Research Institute
81 Research Drive
Scarborough, Maine 04074-7205

Your application must be postmarked by January 31, 2010. Late applications will not be reviewed.

If you have any questions please call our Summer Student Research Program Coordinator at (207) 885-8130 or e-mail at smithd8@mmc.org.

Application Form

Name: _____

Date: _____

I hereby apply for admission as (check one):

Summer Student (Pre-college)

Summer Student (College)

Have you applied to our summer program before?	Yes	No
If yes, did you get accepted?	Yes	No

Personal Information:

Home Address: _____

Home Phone #: _____

Home E-mail: _____

School Address: _____

School Phone #: _____

School E-mail: _____

Address to which we should send the notice of decision on your application (check one):

Home

School

Major: _____

Gender: _____ Date _____ of Birth: _____

Male

Female Citizenship: _____

Name of parent(s) or guardian(s): _____

Educational records (begin with secondary school and list the institution name, dates attended, diploma or degree and year received/expected):

Institution Name	Dates Attended	Diploma/Degree	Year Received/Expected

What grade, or year of academic standing, will you have completed by June 2010? _____

Advanced degrees you expect to pursue:

- Ph.D. M.D. D.V.M. Undecided
 M.S. None Other

Research Interests:

General descriptions of our research studies are presented in the "Research Areas" page. Please indicate which type of research you are interested in:

- Basic Science Clinical Both

**We will try to accommodate all requests; we can not always guarantee your first choice.*

Essay: (in separate sheets)

Describe your qualifications for participation in the program. Include examples of any specific experiences in science. List previous summer programs and courses that included hands-on laboratory experience. Explain your general research interests, including any strong preferences you have for or against working in any specific area. (This information will be used as a guide for assigning students to projects. We will make every effort, but cannot guarantee to assign students to projects that meet their stated preferences.)

Certification/Consent (all applicants):

- This certifies that the information I have entered on this form is complete and accurate.
- If I agree to attend the Summer Student Research Program, I will attend the program in its entirety from June 1, 2010 through August 7, 2010.

Printed Name of Applicant

Signature of Applicant Date

Minors Only (17 years or younger):

This certifies that I approve of this application and that the applicant has my consent to participate if selected. I also agree to fully disclose any health problems of the applicant if the applicant is selected.

Signature of Parent(s) or Guardian(s) Date