

Department of Admissions and Student Affairs Office of Community Relations and Special Projects

APPLICATION PROCESS DATES AND DEADLINES

The application process for the Vivien Thomas Summer Research Program begins annually in the spring. Applications can be accessed online and may be printed for completion and submission by the *tentative date of April 1st annually. Applicants should contact the office to verify the deadline date in early February.

Applicants who are interested in the program may also call in mid to late February to be placed on a mailing list to receive an application in the mail.

Applications received <u>after</u> the deadline <u>will not</u> be considered.

In person interviews are scheduled, starting in late April through early May for students who are considered for acceptance during the application review process. The program begins on June 1 annually, usually based on the last day of school for local metropolitan Atlanta residents.

Important Dates:

Applications may be requested beginning	February 15
Application process begins	March 1
Applications due by	*April 1
Interviews Scheduled	*April - May
Program begins	*June 1

^{*}Dates are tentative based on the calendar for each year. Dates that fall on a weekend will be changed to the first business day of the upcoming week.



Year: _

Vivien Thomas Summer Research Program Morehouse School of Medicine

Department of Admissions and Student Affairs Office of Community Relations and Special Projects

Student information											
Last Name:		First:		Mi	Middle:			SSN: (REQUIRED)			
Sex: (Circle One)				Race:		Ethnicity:		Birth	Birth date:		
Male Fen	nale						•		_		
Mailing Address:		Cell Phone:							Email:		
City:			State	e:		Zip Code:					
Special Interests:					A	Are you a n	nember of l	MedPost	?		
						How Long?					
In which year did you begin	the Ben	Carsor	Scie	nce Academy	? (circ	le one)					
1998 2000 20	01	2002	2	2003	2004	2005	2006	2007	2008	2009	N/A
During which session did yo	u begin t	he Ber	n Cars	on Science A	Academ	y? (circle o	one)				
			Sum	mer	Fall	[Spring				
At	At which grade level did you begin the Ben Carson Science Academy? (circle one)										
			4^{th}	5 th	6^{th}	7^{th}	8^{th}				
School Information: <i>Plea</i>	ase sub	mit a	сору	of the mo	st rec	ent repo	rt card.				
Name of School: Name of S		of Scie	Science Teacher:			School Telephone #:					
County or School System: Current Grade Level: 9 10 11 12 Please Circle one											
Overall GPA:			Scie	ence GPA:	•			Math G	PA:		
Science/Math/Health Club M	Iembersl	nip:									
Awards and Honors Receive	d:										



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Research Experience:				
Have you presented an oral or post	er presentation? (circ	cle one)		
Yes (if yes, please complete the following questions) No (if no, skip to next section)				
At which level did you present? (ci	ircle one)			
	Local level	State level	National level	
School session: (circle one)				
	Fall	Spring	Summer	
Year:		Grade level	:	
Title of Science Project:				



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Parent Information					
Mother's Name:					
Mailing Address:				Apartme	ent #:
City:	State:			Zip Cod	
Home Number:	Email Address:		Work Phone:		Cell Phone
Highest Degree of Education (check all High School: Diploma or GED	that apply): Graduate School				
College: 2yrs or 4yrs	Professional Degree				
Father's Name:					
Mailing Address:				Apartme	ent #:
City:	State: Zip Code:				e:
Home Number:	Work Number:	Work Number: Email Address:			
Highest Degree of Education (check all High School: Diploma or GED College: 2yrs or 4yrs Guardian's Name: Relationship to Child: (GM-Grandmoth Mailing Address:	Graduate School Professional Degree				
City:		State:		Zip Cod	e:
Home Number:	Work Number:		Email A	Address:	
Highest Degree of Education (check all that apply): High School: Diploma or GED Graduate School College: 2yrs or 4yrs Professional Degree Annual Family Income (circle one):					
\$ 2,000 - \$ 9,999 \$ 30,000 - \$39,999 \$ 60,000 - \$69,999 \$10,000 - \$19,999 \$ 40,000 - \$49,999 \$ 70,000 - \$79,999 \$20,000 - \$29,999 \$ 50,000 - \$59,999 \$ 80,000 +					
Number of Family Members in the Household:					
Age(s) of other children if applicable:					



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Emergency Contact Person (other than	parent or guar	dian)		
Contact's Name:		Home #:		Work #:
Mailing Address:				Apartment #:
City:		State:		Zip Code:
STUDENT MEDICAL INFORMATION CON	ISENT FORM			
First Name			Last Name	
Address:				
Home Phone:	Work Phone:			
School:				
Name of personal physician			Phone:	
In case of emergency please contact:	Phone:			
Special diet considerations:				
List known allergies:		List required medi	cations:	
Does the student wear contact lenses?	Does the stud	ent wear eye glasse	s?	_
List current medical condition(s):				
*If the student needs immediate medical atten for treatment?	tion, do we have	permission to take	the student to	the nearest medical facility
Medical insurance information and policy num	nber:			



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Student Name (please print)	Parent Name
(*Parent or guardian signature requested for participants ur	nder the age of 18.)
Signature	Date:



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The Vivien Thomas Summer Research Program at Morehouse School of Medicine (MSM) is working with young people to increase their interest in science and prepare them for careers in the health professions. As a part of this project, your child will participate in a variety of activities designed to enhance their science skills, teach them about different careers in health and science, and motivate them to pursue a career in the health professions. Please read **ALL** of the consent/releases below: initial and sign where indicated.

PARENTAL CONSENT and STUDENT CONSENT TO COMPLETE SURVEYS

So that we can continue to improve how we teach and prepare our students, we would like to have students complete several surveys. In particular, your child will take surveys that assess the following: (1) their level of self-esteem, (2) their attitude toward science, and (3) their interest in and knowledge about science and health careers. Each of these three surveys will be taken twice, once at the beginning of the project and once when the project is over. The information that we learn from these surveys will help us design better programs for students who show an interest in health and science.

Your child's completion of any survey is **totally voluntary** and will be held in confidence. Your initials below constitute your consent to such use.

$\ \square$ I DO give my child permission to complete	the surveys described above.
\square I DO NOT give my child permission to comple	te the surveys described above.
conducting laboratory experiments that may involve the student will be involved in an extensive laboratory safety release the Vivien Thomas Summer Research Program	rogram will be working in a biomedical laboratory. They will be see use of live cultures, laboratory animals and chemicals. Each y-training workshop before entering a laboratory setting. I hereby a at MSM, and anyone acting on behalf of the program or the igence. (the student and parent signatures are required)
Student Signature:	Date:
Parent/Guardian Signature:	Date:
my child has done as a part of the activities of the program at MSM and anyone acting through the progr	ram permission to use photographs taken of my child and/or work rogram. I hereby release the Vivien Thomas Summer Research am or the school from any and all claims which I may have by the Vivien Thomas Summer Research Program all rights, titles,
☐ I DO give the MSM Vivien Thomas Summer Resomy child and/or work my child has done.	earch Program permission to use photographs or videos taken of
☐ I DO NOT give the MSM Vivien Thomas Summer of my child and/or artwork my child has done.	Research Program permission to use photographs or videos taken
Student Signature:	Date:
Parent/Guardian Signature:	Date: