

**Saint Louis University - School of Medicine
Office of Diversity and Student Affairs**

SUMMER SCHOLARS

2019 Application

Program Dates - June 10 - June 28, 2019

Saint Louis University School of Medicine has hosted the Summer Scholars Program for over 10 years.

- This program was designed to encourage high school students from diverse backgrounds to pursue health related careers.
- During the three week program students meet with a variety of health professionals, ranging from physicians in family medicine, pediatrics and pathology to dieticians and nurses.
- The program is coordinated with the assistance of first year medical students. In addition to career exploration, students participate in a cadaver demonstration, take a tour of Saint Louis University's campus, complete a research project and have several hours of ACT preparation.

PROGRAM REQUIREMENTS

- Students entering grades 10-12 during the 2019-2020 academic year
- Minimum GPA 2.5
- Must be able to attend all three weeks of the program
- Parent and student must attend the orientation
- Only students interested in pursuing a career in health will be considered for this program

APPLICATION REQUIREMENTS

- Completed application (Only completed applications will be considered)
- Typed essay that explains your personal interest in the medical profession (Please attach to your application)
- One letter of recommendation from a counselor, science or math teacher

IMPORTANT DATES

- Application must be submitted by **Friday, March 29, 2019**
- Applicants will be notified of their acceptance into the program by **Friday, April 12, 2019**

**Additional applications and information may be obtained by contacting the Office of Diversity and Student Affairs – 314-977-7564, download from the following website:
<https://www.slu.edu/medicine/medical-education/md/diversity/>**

For Office Use Only:
Date Rcvd: _____

**Saint Louis University - School of Medicine
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**SUMMER SCHOLARS
2018 Application
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Please type or print legibly in ink all responses below.

Last Name	First Name	Middle Initial
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Birth Date (Month/Day/Year)	Home Phone Number Including Area Code	Cell Phone Number Including Area Code
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Street Address	P. O. Box/Rural Route
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City	State	Zip Code
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E-mail Address	Social Security Number – (required)
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Gender
Male
Female

Race: Check one or more (optional)
 African American
 American Indian/Alaskan Native
 Asian
 Caucasian
 Hispanic
 Mexican American
 Native Hawaiian/Pacific Islander
 Other _____

Shirt Size
 Adult Small
 Adult Medium
 Adult Large
 Adult X-Large
 Adult XX-Large

Name of High School	Graduation Year
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School Address

City	State	Zip Code
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ACT or SAT Score	Overall GPA
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Math and Science Grades

CLASS	YEAR TAKEN	GRADE

I have participated in the following programs:

Other St. Louis University Program(s)

Name(s) Date(s)

Program Name(s) Date(s)

Health Career Camps/Programs

Program Name(s) Date(s)

Program Name(s) Date(s)

What is your current health career interest? _____

Are there any particular activities you would like included in the Summer Program? _____

How did you find out about the Summer Scholars Program? _____

Please attach a short typed essay that explains your personal interest in the medical profession.

****REMINDER**** Transportation will be needed to and from the medical school for the three week period. **ATTENDANCE AT THE PARENT/STUDENT ORIENTATION IS REQUIRED TO PARTICIPATE IN THE PROGRAM.**

!!IMPORTANT!! Each week of this program is dedicated to various projects, therefore, WE WILL ACCEPT ONLY THOSE STUDENTS WHO CAN ATTEND ALL THREE (3) WEEKS OF THE PROGRAM.

I certify that the application was completed by me (the student) and that all information is accurate. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or this program. If I am selected and choose to participate, I agree to abide by all program rules and guidelines.

Student Signature Date

Parent Signature Date

Please send completed application to:

**Saint Louis University – School of Medicine
Office of Diversity and Student Affairs
1402 South Grand, C100
St. Louis, MO 63104
RE: Summer Scholars Program
OR
FAX – 314-977-8779
OR
EMAIL – javonda.quinn@health.slu.edu**