



Emergency Department Basic Science Student Summer Research Program Application

General Information

First Name:

Last Name:

E-mail Address:

Phone Number:

Current Address:

Street Address #2:

City:

State:

Zip:

Home Address:

Street Address #2:

City:

State:

Zip:

Demographics

Date of Birth:

Racial/Ethnic Background (optional):

Gender (optional):

Are you the first person in your family to attend college?

Do you come from a disadvantaged background?

Explain:

School:

State/County of School:

Major:

Current GPA:

Undergraduate Class Level:

Anticipated Graduation Date:

Current Career Goals:

I acknowledge the time commitment of 10 weeks/40hrs each week (or otherwise prescribed by the dept.) if accepted to their program.

Yes / No

I understand that my acceptance, if offered a position, is contingent upon fulfilling the immunizations required by the University of Nebraska Medical Center.

Signature:

Date:

Please include the following documents with application.

CV/ Resume

Personal Statement

Letter of Reference (1)

Please email the completed application and additional documents to Christie Smith-Sandhurst at c.smithsandhurst@unmc.edu