

**Department of Emergency Medicine
Basic Science Summer Research Student
Application**

First Name:

Last Name:

Email Address:

Phone Number:

Current Address:

City:

State:

Zip:

Alternate Address:

City:

State:

Zip:

Date of Birth

Racial/Ethnic Background (Optional):

Gender (Optional)

Acknowledgement:

I acknowledge the time commitment of 10 weeks/40 hours each week (or otherwise directed by the department) if accepted into the program.

Yes No

I understand that my acceptance, if offered a position, is contingent upon fulfilling all background checks and onboarding requirements including immunizations required by the University of Nebraska Medical Center.

Yes No

Signature Date

Please include the following documents with application:

CV/Resumé

Personal statement (please include reason for interest in this summer research program).

Letter of Reference (1)

Please email the completed application and additional documents to Jenny May at jemay@unmc.edu.