



**LABioMed**

Los Angeles  
Biomedical  
Research Institute  
at Harbor-UCLA Medical Center

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at Harbor-UCLA Medical Center  
1124 West Carson Street  
Compliance Office, Bldg. N-14, Rm 10A  
Torrance, California 90502-2064  
www.labiomed.org

## 2010 Summer Fellowship Program Application Form

Please type or print in black ink. Do not write on reverse of forms. Use additional pages as needed.

<b>Name:</b>	_____		
	(last)	(first)	(middle)
<b>Telephone No.:</b>	( )	<b>Social Security No. (Required)</b>	
<b>E-mail Address:</b>	_____		
<b>Home Address:</b>	_____		
	(street address)	(apt.#)	(city) (state) (zip code)
<b>School Name:</b>	_____		
<b>School Address:</b>	_____		
	(street address)	(city)	(state) (zip code)
<b>School Phone No.</b>	( )	<b>High School Graduation Date:</b>	____/____/2010 Month/Day/Year

Complete info below. Indicate any advanced placement (AP) or honors courses with an asterisk (\*).

High School Science Courses	Grade Received	High School Math Courses	Grade Received

<b>What is your overall grade point average?</b> (Indicated whether it is weighted or unweighted)	_____		
<b>Which college do you plan to attend this fall?</b>	_____		
<b>What do you think will be your college major?</b>	<b>What do you think will be your college minor?</b>	_____	
<b>What type of career do you think you will pursue?</b>	<input type="checkbox"/> health-related research	<input type="checkbox"/> health profession	<input type="checkbox"/> health profession & research
	<input type="checkbox"/> other science	<input type="checkbox"/> non-science	<input type="checkbox"/> unknown

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<b>Name:</b>			
	<i>(last)</i>	<i>(first)</i>	<i>(middle)</i>

<b>Scholastic Honors Received</b>	<b>Year Awarded</b>

<b>Extracurricular Activities (student government, sports, clubs, etc.)</b>	<b>Year Participated</b>

<b>Current Hobbies</b>

*(Please type or print in black ink. Do not write on reverse of forms. Use additional pages as needed.)*

<b>Name:</b>			
	<i>(last)</i>	<i>(first)</i>	<i>(middle)</i>

**AREAS OF SCIENTIFIC/MEDICAL RESEARCH: Mark at least 3 of your preferences for work assignment as follows: first preference = 1; second preference = 2; third preference = 3, etc.**

*(This serves as a guide to program organizers, and does not guarantee your placement in selected areas.)*

___ biochemical science ___ cancer ___ cardiovascular ___ computers in biomedical science ___ diabetes ___ endocrinology/hormones	___ infectious diseases ___ kidney & liver diseases ___ genetic disorders ___ mental health ___ molecular biology ___ neuroscience	___ nutrition ___ pediatric diseases ___ perinatology/neonatology ___ pharmacology ___ respiratory diseases ___ NO PREFERENCE
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<p><b>Will you be at least 18 years old as of June 21<sup>st</sup>, 2010?</b>  <i>(Some research projects involve the use of radiation. You must be 18 years old to work on these projects.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<p><b>What <u>specific</u> career do you think you will pursue?</b></p>	
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**Briefly discuss your career goals and why you would like to be chosen for the Fellowship Program:**

(Please type or print in black ink. Do not write on reverse of forms. Use additional pages as needed.)

<b>Name:</b>	
	(last) (first) (middle)

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**Student's Signature**

Date

**ELIGIBILITY:**

Students will be selected on the basis of merit. In order to be eligible for consideration, a student must:

1. Be a year **2010** high school graduate.
2. Have demonstrated outstanding academic achievement in their science coursework.
3. Agree to participate full-time in fellowship activities throughout the eight-week period (June 21, 2010 through August 13, 2010).

**APPLICATION REQUIREMENTS:**

The following materials must be submitted by **Friday, March 12, 2010**:

1. 2010 Summer Fellowship Program Student Application Form – **Signed by Student.**
2. High school transcript.
3. Two letters of recommendation from high school teachers, preferably science teachers.

Applications, transcripts, and letters of recommendation may be sent separately, but must be received by the due date to be considered. Incomplete applications will not be considered. Please send all materials to:

Summer Fellowship Program Coordinator  
Los Angeles Biomedical Research Institute  
1124 W. Carson St.  
Bldg. N-14, Room 10A  
Torrance, CA 90502-2064

**Questions? Please call (310) 222-3624.**