

The 2017 The University of Arizona College of Medicine Summer Institute On Medical Ignorance



HIGH SCHOOL STUDENT RESEARCH PROGRAM

The NIH High School Student Research Programs offer positions in productive basic and clinical research laboratories at the University of Arizona College of Medicine (Arizona Health Sciences Center). Students who are **financially, educationally, and/or socially disadvantaged** are paid the minimum federal hourly wage for 40 hours a week for the duration of the program. As in previous years, 20-25 high school students will be incorporated into the Medical Student Research Fellowship Summer Program, thereby stimulating interactions with “big brother” and “big sister” medical students and also with medical faculty mentors and Visiting Professors conducting bi-weekly research seminars throughout the summer. Our hope and expectation is to attract the best and brightest disadvantaged students to the University of Arizona as undergraduates where some will continue their research and ultimately enter the College of Medicine and other professional and graduate programs.

The Review Committee will consider high school students (particularly juniors) with 3.0 (B) or better cumulative GPAs, *two outstanding letters of recommendation* from their science teachers, guidance counselors, and/or principals, and additional evidence of research experience or inventiveness, such as science fair exhibits. A *one-to-two-page essay* on “**Why I love science and what the summer medical research apprenticeship will mean to me**” should be attached to the enclosed application form. In addition, students will need to provide *summary information justifying their financially, educationally, and/or socially disadvantaged status*. **Applicants must be U.S. citizens or have a permanent Visa AND have a Social Security Number.**

The application deadline is Monday, February 7, 2017.

Our Review Committee will screen applications and will invite semi-finalists for **interviews on Saturday, March 4, 2017 (Tucson campus)**. Students will be notified of interview results within 2 weeks.

At the conclusion of the summer, all participants will deliver a brief oral presentation about their research in a special seminar and will submit a three-to-four page summary report of their progress.

The 2017 summer program **begins Monday, June 5, 2017 and ends Friday, July 21, 2017**. Students are expected to work full-time (Mon.-Fri., 40 hrs. a week) for the entire period. No attendance exceptions will be made, and a fellowship will be terminated automatically if days are missed for reasons other than unexpected illness or death of a family member.

Program Director:

Marlys H. Witte, MD, Professor of Surgery

Collaborating Directors:

Frank Porreca, PhD Professor, Pharmacology
Fayez K. Ghishan, MD Professor & Department
Head, Pediatrics

Multimedia Collaboratory Producer:

Peter Crown, PhD

Curriculum Coordinator:

Michael Bernas, MS

Program Manager:

Grace Wagner

Mentors:

AHSC faculty

SPONSORS:

NIH OD R25 OD010487
TRANSLATING TRANSLATION &
SCIENTIFIC QUESTIONING IN THE
GLOBAL K-12 COMMUNITY

NIH NINDS 1R25NS076437
HIGH SCHOOL STUDENT
NEURORESEARCH PROGRAM (HSNRP)

NIH NICHD R25HD080811
SUMMERS IN CHILDREN'S RESEARCH
FOR DIVERSE HIGH SCHOOL STUDENTS

DO RESEARCH AND GET PAID TO LEARN.

WORK WITH PHYSICIANS AND
BIOMEDICAL SCIENTISTS ON
THEIR RESEARCH AND EXPLORE
HEALTH CAREERS AT THE
UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE. GET
PAID ~\$2,300 THIS SUMMER
FOR LEARNING SCIENCE.

WHO:

THIS SUMMER PROGRAM
TARGETS STUDENTS WHO ARE
FINANCIALLY, EDUCATIONALLY,
AND/OR SOCIALLY DISADVANTAGED.

WHEN:

June 5 – July 21, 2017

WHERE:

THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE
(TUCSON CAMPUS)

APPLICATION

DEADLINE:

Monday, February 7, 2017

FOR MORE

INFORMATION:

CALL (520) 626-6360

grace@surgery.arizona.edu

www.ignorance.medicine.arizona.edu



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APPLICATION FORM

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**HIGH SCHOOL STUDENT
RESEARCH PROGRAM**

TYPE OR PRINT LEGIBLY IN BLACK INK (Please complete ALL blanks).

Name _____ Date of Birth _____ Check one: Male Female

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail (please print) _____ Soc. Sec. No. _____

School _____ District _____

Year of Graduation _____ GPA (Cumulative) _____

Number of dependents supported by parents/guardians: _____

Highest level of education attained by parents/guardians: _____

Ethnic Status: Alaskan Native Amer. Indian _____ (tribal affiliation) Asian Black, not of Hispanic origin
 Hispanic Pacific Islander White, not of Hispanic origin Other (explain) _____

Career Goals (one additional page may be attached): _____

Previous research ideas, science exhibits, or other special talents (one additional page may be attached):

Checklist of required information to complete application is on page two of application.

APPLICATION DEADLINE: MONDAY, FEBRUARY 7, 2017

All application materials should be mailed to:

Grace S. Wagner, Program Manager

Student Research Programs, The University of Arizona Health Sciences Center, Room 44026

Department of Surgery, P.O. Box 245200, Tucson, AZ 85724-5200

Phone: (520) 626-6360

Fax: (520) 626-0822

E-mail: grace@surgeary.arizona.edu

Web: www.ignorance.medicine.arizona.edu

APPLICATION CHECKLIST

The **2017** The University of Arizona
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Checklist of Required Information to Complete Application:

- Completed application form (*application page 1*)
- An **official** copy of your high school transcript (must be signed and validated with school "seal")
- Two letters of recommendation from science teachers, guidance counselor, and/or principal
- A one-to-two page student essay (**typed double-spaced or legibly written in black ink**) on the following inclusive topic: **"Why I love science and what a summer medical research apprenticeship will mean to me."**
- Your personal statement of disadvantaged status (*application page 3*)
- Applicant release form (*application page 4*)

Note: Incomplete application packets will not be evaluated by Review Committee.

Optional supplementary materials:

- Supporting documentation of your disadvantaged status, if available

APPLICATION DEADLINE: MONDAY, FEBRUARY 7, 2017

All application materials should be mailed to:

Grace S. Wagner, Program Manager

Student Research Programs, The University of Arizona Health Sciences Center, Room 4402G

Department of Surgery, P.O. Box 245200, Tucson, AZ 85724-5200


Phone: (520) 626-6360

Fax: (520) 626-0822

E-mail: grace@surgery.arizona.edu

Web: www.ignorance.medicine.arizona.edu

DISADVANTAGED STATUS

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Personal Statement of Disadvantaged Status (Required of ALL applicants)

Please provide a personal statement describing why you believe you are at a disadvantage in comparison with your peers, and check all boxes that describe your disadvantaged status.

- Financially (*for example*, free or reduced lunch, low income, single-parent household, etc.)
- Educationally (*for example*, rural community, limited availability of resources, etc.)
- Socially (*for example*, first generation to go to college, English as a second language, etc.)

TYPE or PRINT LEGIBLY in BLACK INK.

One additional double-spaced page may be added.

(*If available*, please also submit supporting documentation of your disadvantaged status.)

APPLICANT RELEASE FORM

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APPLICANT RELEASE FORM

I understand that the NIH NCRR Translating Translation and Scientific Questioning in the Global K-12 Community, under the auspices of The University of Arizona College of Medicine, Medical Student Research Program, DOES NOT provide transportation to and from The University of Arizona for program participants. Limited housing is available for out of town students. I also understand that if my son/daughter is selected as a participant in this program, I will be held totally responsible for his/her actions and physical well-being outside of normal work hours for the duration of this apprenticeship program.

Signature of Parent and/or Guardian

Date

TYPE OR PRINT LEGIBLY IN BLACK INK

Out of Town Students **ONLY**(please check one):

- Local housing will be required Local housing will NOT be required

If local housing is NOT required, please provide the Tucson address and phone number where the student will reside:

Tucson Phone Number: _____