

The 2024 Summer Institute On Medical Ignorance

University of Arizona
College of Medicine



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 GPA**, *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. **We will not accept unsigned letters of recommendation.** 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 Card.

The application deadline is Friday, January 26, 2024 Our Review Committee will screen applications and will invite semi-finalists for **interviews on Saturday, March 2, 2024 (via zoom)**. Students will be notified of interview results within 3-4 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 2024 summer program **begins Monday, June 3, 2024 and ends Friday, July 19, 2024**. 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, Pediatrics and Neurosurgery

Collaborating Directors:

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

Program Manager:

Grace S. Wagner

Curriculum Coordinator:

Attila Keresztes, PhD

Videographer:

Juan Ruiz

Mentors: AHSC

Sponsors:

NIH NINDS R25NS076437
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 bio-medical scientists on their research and explore health careers at The University of Arizona College of Medicine. Get paid minimum wage this summer for learning science.

Who:

This summer program targets students who are financially, educationally, and/or socially disadvantaged.

When:

June 3-July 19, 2024

Where:

The University of Arizona College of Medicine
(Tucson Campus)

Application Deadline:

Friday, January 26, 2024

For More Information:

Call (520) 626-6360

MSRP@surgery.arizona.edu
www.ignorance.medicine.arizona.edu



The 2024
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APPLICATION FORM

The **2024** University of Arizona
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NIH NINDS R25NS076437
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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) _____ Social Security Number _____

School _____ District _____

Graduation Year _____ GPA (Cumulative) _____

Ethnic Status:

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

Citizenship Status:

What country are you a citizen of? _____

- U.S. Citizen or Non-citizen National
- OR**
- Permanent Resident of U.S.
- OR**
- Non U.S. Citizen

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

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

Career Goals (continued from page 1):

Previous research (continued from page 1):

DISADVANTAGED STATUS

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Are you disabled? No Yes (If yes, please explain _____)

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.)
Number of dependents supported by parents/guardians: _____
- 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.)
Highest level of education attained by parents/guardians: _____
Parent(s) occupation(s): _____

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.)

Personal Statement of Disadvantaged Status (continued from page 3):

Why I love science and what a summer medical research apprenticeship would mean to me

Why I love science and what a summer medical research apprenticeship would mean to me (continued)

APPLICANT RELEASE FORM

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APPLICANT RELEASE FORM

I understand that the University of Arizona College of Medicine 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

Out of Town Students **ONLY**

Please provide the Tucson address and phone number where the student will reside.

Tucson Phone Number: _____

TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION CHECKLIST

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Checklist of Required Information to Complete Application:

- Completed application form (*application page 1*)
- Your personal statement of disadvantaged status (*application page 3*)
- A one-to-two page student essay (on pages provided) on the following inclusive topic: "Why I love science and what a summer medical research apprenticeship will mean to me."
- Two letters of recommendation from high school science teachers, guidance counselor, and/or principal (*one letter MUST be from science teacher*) **UNSIGNED LETTERS OF RECOMMENDATION WILL NOT BE ACCEPTED**
- An **official** copy of your high school transcript *provided by a school official*
- Applicant release form (*application page 7*)

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

**APPLICATION MUST BE EMAILED TO MSRP@surgery.arizona.edu OR
POSTMARKED NO LATER THAN FRIDAY, JANUARY 26, 2024
SCANNED/XEROXED APPLICATIONS NOT ACCEPTABLE
There is no need to send by Priority Mail or FedEx**

APPLICATION DEADLINE: FRIDAY, JANUARY 26, 2024

All application materials should be **emailed to MSRP@surgery.arizona.edu OR mailed to:**
Grace S. Wagner, Program Manager
Student Research Programs, University of Arizona College of Medicine, Room 4402K
Department of Surgery, P.O. Box 245200, Tucson, AZ 85724-5200

Phone: (520) 626-6118

E-mail: MSRP@surgery.arizona.edu

Web: www.ignorance.medicine.arizona.edu