

# Yale SCHOOL OF MEDICINE

## Mission Statement/Objective:

### Yale School of Medicine Summer Research Program 2024 Application

Thank you for your interest in the 2024 Yale School of Medicine Summer Research Program! Before completing this application, please thoroughly read the program description and application requirements below.

*The [Yale School of Medicine Summer Research Program](#) is a **free, residential 8-week** research experience for medical students to participate in cutting-edge research in various fields. Students are paired with a Yale faculty mentor and work on an independent research project (basic science or clinical research) and participate in the life of the lab. During the final week of the program, students will complete and present a research poster. Additionally, students will participate in weekly workshops on professional development, community building, and residency preparation.*

#### **SRP participants will receive:**

- \$5,000 stipend (to be disbursed in two payments)
- Housing (provided on YSM campus)
- Travel funds

**Qualified applicants must meet all of the following requirements:**

- be a first year medical student
- attend Meharry Medical College, Morehouse School of Medicine, Ponce School of Medicine, San Juan Bautista School of Medicine, Universidad Central del Caribe School of Medicine or University of Puerto Rico School of Medicine
- have U.S. Citizenship, be a permanent U.S. resident or have DACA status

**A completed application includes:**

- Medical school transcript (official or unofficial) or letter of good standing
- Resume/CV
- [One Letter of Recommendation](#)
- Personal statement

**The application must be submitted by Friday, January 12, 2023 at 11:59pm EST. Incomplete applications will not be reviewed (this includes the letter of recommendation that is to be submitted by the recommender).**

**IMPORTANT:**

- ***Once the application is completed, an email confirmation will be sent to the applicant.***
- ***Once the recommendation form is completed, an email confirmation will be sent to both the applicant and***

***recommender.***

If you have any questions about the application, please contact the DICE Office at [dice@yale.edu](mailto:dice@yale.edu).

**Block 2**

Are you a medical student?

Yes

No

Are you a first year medical student (MS1)?

Yes

No

Do you attend medical school at Meharry Medical College, Morehouse School of Medicine, Ponce School of Medicine, San Juan Bautista School of Medicine, Universidad Central del Caribe School of Medicine or University of Puerto Rico School of Medicine?

Yes

No

Is your U.S. Citizenship status one of the following: U.S. Citizenship, Permanent U.S. resident or DACA status?

Yes

No

Thank you for your interest in the 2023 Yale School of Medicine Summer  
Research Program.

Unfortunately, we are unable to proceed with your application at this time as you  
do not meet one or more of the program eligibility requirements.

## **Applicant Information**

Student's Legal Name:

Student's First Name

Student's Middle Initial (if applicable)

Student's Last Name(s)

Student's Permanent Mailing Address. Before entering, please validate your  
address using this tool to make sure we can reach you by  
mail: <https://tools.usps.com/zip-code-lookup.htm>

Street (include floor/apartment-suite #)

City

State

Zip

### Student contact information

Phone number (home)

Phone number (cell)

Email address (school)

Email address (personal)

Student secondary/emergency contact information. Please supply an alternate contact in case we cannot get in touch with you.

Contact first name

Contact last name

Contact phone

Contact email

Contact street address

Contact city

Contact state

Contact zip

## Student's Gender

Male

Female

Other

Do not wish to answer

## Student's Ethnicity

Hispanic/Latino

Non-Hispanic or Latino

Do not wish to answer

## Student Race (check all that apply)

American Indian/Alaska Native

Black or African American

Caucasian

Asian/Pacific Islander

Other

Do not wish to answer

## Student's Citizenship

US. Citizen

Permanent Resident

DACA Status

Other

Are you the first generation of your immediate family to attend college?

Yes

No

Do you self-identify as socioeconomically disadvantaged, as based on the National Institutes of Health (NIH) definition, available here:

<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html>

Yes

No

Do you have a disability?

Yes

No

Please indicate what accommodations, if any, you may require to complete this program.

Is there any situation not mentioned above that you feel has put you at a disadvantage for pursuing higher education?

Yes

No



Please tell us a bit about the situation.

Which medical school do you attend?

Meharry Medical College

Morehouse School of Medicine

Ponce School of Medicine

San Juan Bautista School of Medicine

Universidad Central del Caribe School of Medicine

University of Puerto Rico School of Medicine

Are you pursuing an MD or MD/PhD?

MD

MD/PhD

Please indicate your research preference.

Basic Science

Clinical

No Preference

Have you previously conducted research?

Yes

No

How many years of research experience do you have?

1-2 years

3-4 years

5+ years

Please describe your research experience(s). Answer the following questions:

- What type of research was conducted?
- What lab skills/ techniques were acquired?

**Personal Statement** (400 word maximum).

Explain how this program would help you advance your career goals and how it meets any needs that are not being met by other programs at your institution.

Describe your specific research interests and address the following in your statement:

- description of your journey to medical school
- challenges you have had to overcome to get where you are today

**Please save file as: LastName\_FirstName\_SRP 2023 Personal Statement** (ex. *Doe\_John\_SRP 2023 Personal Statement*)

Please upload a copy of your unofficial or official transcript. Both forms will be accepted for application review.

**Please save file as: LastName\_FirstName\_SRP 2023 Transcript** (ex. *Doe\_John\_SRP 2023 Transcript*)

Please upload a CV or resume that describes your academic, research, professional, volunteer experience and/ or extra-curricular activities.

**Please save file as: LastName\_FirstName\_SRP 2023 CVResume** (ex. *Doe\_John\_SRP 2023 Resume*)

We are requesting one recommendation letter from an individual (*this could be a professor, someone you volunteered with, or another individual who knows you well professionally*) who knows your career goals and can speak about the importance of this program to you, and the value you would bring to this program. Please acknowledge that you will identify a recommender and have a letter submitted to complete the application.

Yes

It is not recommended that SRP participants engage in other courses, programs or employment while in this program (excluding some weekends). Do you commit to **solely** participating in this 8-week program in-person at the Yale School of Medicine (May 30 - July 28, 2023, if COVID-19 permits)?

Yes

**By submitting this application, I agree to the following statements:**

- *I understand that all application materials submitted to Yale becomes the property of this institution and is not returnable.*
- *I understand that Yale is not obligated to furnish me with duplicate copies.*
- *I understand that the information submitted herein will be relied upon by Yale to determine my status for appointment and training eligibility.*
- *I authorize Yale to verify the information I have provided.*
- *I agree to notify the proper Yale officials of any changes in the information provided.*
- *I certify that the information in the application is complete and correct to the best of my knowledge and belief.*
- *I acknowledge the submission of any false information is grounds for rejection of my application, withdrawal of any acceptance offer or appropriate disciplinary action after appointment.*

Yes, I agree (please type Initials in box below)

**Thank you for applying to the Yale School of Medicine Summer Research Program! We plan to notify applicants of our decisions by the first week in March 2023.**

**Please contact us at [dice@yale.edu](mailto:dice@yale.edu) if you have any questions.**