

# APPLICATION

## Chicago Region Physical Sciences-Oncology Center Summer Research Program

**DEADLINE: MARCH 1, 2019**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Permanent Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Undergraduate Institution: \_\_\_\_\_

Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Are you a:

U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Permanent Resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please indicate the underserved population(s) to which you belong by checking the appropriate line(s) below:

\_\_\_\_\_ African-American \_\_\_\_\_ Latinx \_\_\_\_\_ Native American \_\_\_\_\_ Other (specify)

Birth Date: \_\_\_\_\_ Male \_\_\_\_\_ Female

Current year in college (circle one): Freshman Sophomore Junior

Current academic goal (circle one): Medical School Graduate School Undecided

Contact Information for Faculty References (two are required):

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Materials: 1) Statement of Research Interests & Career Goals 2) College Transcripts  
3) Two Letters of Recommendation

Send application materials to: [schallma@northwestern.edu](mailto:schallma@northwestern.edu)

Benette Phillips, Ph.D.  
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Northwestern University  
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Chicago, IL 60611