

Rutgers Institute for Translational Medicine and Science

RITMS Summer Research Program
Rutgers, the State University of New Jersey
Child Health Institute of New Jersey
89 French Street, Suite 4211
New Brunswick, NJ 08901

Phone: (732)235-7607
Fax: (732)235-7178

STUDENT APPLICATION

All information on the application must be typed or printed neatly. Applications will be accepted from November 1st to February 1st. Please mail or fax **ALL** of the required information by no later than **February 1st** to the address above.

***Please Note:** *The Rutgers Institute for Translational Medicine and Science Summer Research Program is a day program only. There is no housing available and students must arrange transportation to and from campus daily.*

I. PERSONAL INFORMATION

Name: Last _____ First _____ MI _____

Gender: _____ Ethnicity (Optional): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

HIGH SCHOOL APPLICANTS

High School: _____ Year (Freshman, Sophomore, etc.): _____

GPA (4.00 scale) Overall _____ Math & Science _____

PSAT Score _____ SAT Score _____ (grade taken) _____

UNDERGRADUATE APPLICANTS

College: _____ Year (Freshman, Sophomore, etc.): _____

GPA (4.00 scale) Overall _____

Please Circle:

Currently living with (all that applies): Mother Father 1 Guardian 2 Guardians

Highest grade completed by mother (guardian): <12 12 College Professional

Highest grade completed by father (guardian): <12 12 College Professional

Is any family member currently a Rutgers employee? Yes No

If you are under the age of 18, do you have working papers? Yes No

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II. PERSONAL STATEMENT

Your personal statement should include the following information: 1) description of your work experience in regards to your exposure to science, including subjects taken, workshops/special classes, and volunteer /work experience, 2) description of your scientific/research interest and your future educational and career goals, and 3) how you would benefit and what you would hope to gain if selected for this program.

III. SUPPLEMENTAL INFORMATION

- a) Curriculum vitae or resume
- b) Copy of unofficial high school or college transcripts
- c) Two (2) letters of recommendation mailed from your teachers or supervisors (attached forms below). NOTE: At least one of your letters MUST be from a Math or Science teacher.
- d) Unofficial PSATs Score Report and SATs if available
- e) Parental consent form (high school applicants only)
- f) Conduct agreement

Agreement form

BY SUBMITTING THIS APPLICATION, YOU AGREE TO WORK FULL-TIME AND COMPLETE THE REQUIRED INTERNSHIP ACTIVITIES DURING THE PROGRAM PERIOD IF YOU ARE SELECTED AS A RUTGERS INSTITUTE FOR TRANSLATIONAL MEDICINE AND SCIENCE SUMMER RESEARCH PROGRAM SCHOLAR. ALL INFORMATION PRESENTED HERE IS TRUE TO THE BEST OF YOUR KNOWLEDGE.

STUDENT SIGNATURE _____ DATE _____

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Parent/guardian consent (high school applicants only):

I understand that my child is applying for a summer research laboratory program from the third week of June to the second week of August. I give permission to my child to apply. If accepted I understand that I will be responsible for lunches and for arranging transportation to and from campus daily. In addition, I give permission for the use of my child's final presentation and report, and photos of my child to be used on the web and in other media.

***Please note that this program is a day program only. There is no housing available and students must arrange transportation to and from campus daily.**

PARENT SIGNATURE _____ DATE _____

Parent Print name _____

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LETTER OF RECOMMENDATION FORM 1

All information on the application must be typed or printed neatly. The application is due **February 1st**

Please mail this form to the contact information above.

Student: Last _____ First _____ MI _____

Name of Recommender: _____ Phone: (____) _____ - _____

Position/Title: _____ E-mail address: _____

Name of School and Address: _____

1) How long have you known this student and in what context?

2) How would you describe this student?

3) Please comment on the student's personal qualities, particularly in regard to character, integrity, values, and peer relationships.

4) Indicate by a ✓ your ratings of this student in terms of academic skills and potential, compared to other college-bound students.

No Basis	Characteristics	Below Average	Average	Good	Very Good	Excellent	One of the Top Few
	Creativity, originality						
	Motivation						
	Independence, initiative						
	Intellectual ability						
	Academic achievement						
	Written expression of ideas						
	Effective class discussion						
	Disciplined work ethic						
	Potential for growth						
	Character						
	SUMMARY EVALUATION:						

5) Additional Comments (use additional sheet if necessary):

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LETTER OF RECOMMENDATION FORM 2

All information on the application must be typed or printed neatly. The application is due **February 1st**

Please mail this form to the contact information above.

Student: Last _____ First _____ MI _____

Name of Recommender: _____ Phone: (____) _____ - _____

Position/Title: _____ E-mail address: _____

Name of School and Address: _____

1) How long have you known this student and in what context?

2) How would you describe this student?

3) Please comment on the student's personal qualities, particularly in regard to character, integrity, values, and peer relationships.

4) Indicate by a ✓ your ratings of this student in terms of academic skills and potential, compared to other college-bound students.

No Basis	Characteristics	Below Average	Average	Good	Very Good	Excellent	One of the Top Few
	Creativity, originality						
	Motivation						
	Independence, initiative						
	Intellectual ability						
	Academic achievement						
	Written expression of ideas						
	Effective class discussion						
	Disciplined work ethic						
	Potential for growth						
	Character						
	SUMMARY EVALUATION:						

5) Additional Comments (use additional sheet if necessary):