

**Saint Louis University - School of Medicine**  
**Office of Diversity and Student Affairs**  
**SUMMER SCHOLARS**  
**2019 Application**

**Program Dates - June 10 - June 28, 2019**

Saint Louis University School of Medicine has hosted the Summer Scholars Program for over 10 years.

- This program was designed to encourage high school students from diverse backgrounds to pursue health related careers.
- During the three week program students meet with a variety of health professionals, ranging from physicians in family medicine, pediatrics and pathology to dieticians and nurses.
- The program is coordinated with the assistance of first year medical students. In addition to career exploration, students participate in a cadaver demonstration, take a tour of Saint Louis University's campus, complete a research project and have several hours of ACT preparation.

**PROGRAM REQUIREMENTS**

- Students entering grades 10-12 during the 2018-2019 academic year
- Minimum GPA 2.5
- Must be able to attend all three weeks of the program
- Parent and student must attend the orientation
- Only students interested in pursuing a career in health will be considered for this program

**APPLICATION REQUIREMENTS**

- Completed application (Only completed applications will be considered)
- Typed essay that explains your personal interest in the medical profession (Please attach to your application)
- One letter of recommendation from a counselor, science or math teacher

**IMPORTANT DATES**

- Application must be submitted by **Friday, March 29, 2019**
- Applicants will be notified of their acceptance into the program by **Friday, April 12, 2019**

Additional applications and information may be obtained by contacting the Office of Diversity and Student Affairs – 314-977-7564, download from the following website:  
<https://www.slu.edu/medicine/medical-education/md/diversity/>

Date Rcvd: \_\_\_\_\_

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**2018 Application**

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**Please type or print legibly in ink *all* responses below.**

Last Name			First Name			Middle Initial		
Birth Date (Month/Day/Year)			Home Phone Number Including Area Code			Cell Phone Number Including Area Code		
Street Address			P. O. Box/Rural Route					
City			State			Zip Code		
E-mail Address						Social Security Number – (required)		
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female			<b>Race: Check one or more (optional)</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Mexican American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____			<b>Shirt Size</b> <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult XX-Large		
Name of High School						Graduation Year		
School Address								
City			State			Zip Code		
ACT or SAT Score						Overall GPA		

Math and Science Grades

CLASS	YEAR TAKEN	GRADE

**I have participated in the following programs:**

☐ Other St. Louis University Program(s)

\_\_\_\_\_  
Name(s) Date(s)

\_\_\_\_\_  
Program Name(s) Date(s)

☐ Health Career Camps/Programs

\_\_\_\_\_  
Program Name(s) Date(s)

\_\_\_\_\_  
Program Name(s) Date(s)

What is your current health career interest? \_\_\_\_\_

Are there any particular activities you would like included in the Summer Program? \_\_\_\_\_

How did you find out about the Summer Scholars Program? \_\_\_\_\_

**Please attach a short typed essay that explains your personal interest in the medical profession.**

**\*\*REMINDER\*\*** Transportation will be needed to and from the medical school for the three week period. **ATTENDANCE AT THE PARENT/STUDENT ORIENTATION IS REQUIRED TO PARTICIPATE IN THE PROGRAM.**

**!!IMPORTANT!!** Each week of this program is dedicated to various projects, therefore, WE WILL ACCEPT ONLY THOSE STUDENTS WHO CAN ATTEND ALL THREE (3) WEEKS OF THE PROGRAM.

I certify that the application was completed by me (the student) and that all information is accurate. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or this program. If I am selected and choose to participate, I agree to abide by all program rules and guidelines.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please send completed application to:

**Saint Louis University – School of Medicine**  
**Office of Diversity and Student Affairs**  
**1402 South Grand, C100**  
**St. Louis, MO 63104**  
**RE: Summer Scholars Program**  
**OR**  
**FAX – 314-977-8779**  
**OR**  
**EMAIL – javonda.quinn@health.slu.edu**