Tentative Program Dates: Monday, June 17th, 2024-Friday, July 26th, 2024

**Application Deadline: 11:59pm EST on Friday, March 1st, 2024**

**Note:** Read the application checklist on the last page of this document prior to starting your application. This document is set to use forms. Type in the given gray space and the form will expand to accommodate your typing – you can tab between fields.

**General Information**

|  |  |  |
| --- | --- | --- |
| Name. First:       | Middle:      | Last:       |
| Current Email Address:       | Cell Phone (day phone) (    )-     -         |
| Street Address:       | Home Phone (    )-     -      |
| City:        | State:       | Zip Code:       |
| Sex: M  F | Age:    | Date of Birth (mm/dd/yyyy):       |
| Are you a U.S. Citizen or Permanent U.S. Resident? Yes No If no you are not eligible for the program. Please do NOT continue the application. If you have questions about your eligibility, please contact the director. |

**High School Information**

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| --- |
| School currently attending:       |
| Street Address:       |
| City:        | State:       | Zip Code:       |
| Expected Year of Graduation:     If NOT 2024, 2025, 2026, 2027 please do NOT continue this application |
| Most Recent Cumulative GPA: weighted      ; unweighted       |

**Test Scores**

If taken, please provide copies of test scores if available. If taken multiple times, provide the highest score achieved.

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| SAT I: Verbal:      Math:      Writing (If Applicable):      |
| SAT II [Subject, Score]: [     ,     ] [     ,     ] [     ,     ] |
| PSAT: Verbal:      Math:      Writing (If Applicable):       |
| Advanced Placement [Subject, Score]: [     ,     ] [     ,     ][     ,     ] [     ,     ] [     ,     ] |
| Other Tests:      |

**Recommender**

Please do not list family or close friends. Your recommender must complete the Google Form by the application deadline. A maximum of one letter of recommendation will be expected from:

|  |  |
| --- | --- |
| Name (First Last):            | Position:      |
| Email:      | Phone and extension (   )   -     x:      |

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| --- | --- |
| Name. First:       | Last:       |

**Classes Taken**

Please list the science, math, English, and computer classes in order taken, and indicate the year taken (e.g., 9, 10, 11, 12), and letter grade (e.g., A, B, C, D) received in the chart below. Mark all courses currently taking as “in progress.” Be sure to designate Honors or Advanced Placement or IB. Fill in as much as possible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class | Year | Fall Grade | Spring Grade | Special Comments |
| Science |  |  |  |  |
|       |       |    |    |       |
|       |       |    |    |       |
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|       |       |    |    |       |
| Math |  |  |  |  |
|       |       |    |    |       |
|       |       |    |    |       |
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|       |       |    |    |       |
| English |  |  |  |  |
|       |       |    |    |       |
|       |       |    |    |       |
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|       |       |    |    |       |
| Computers |  |  |  |  |
|       |       |    |    |       |
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| Name. First:       | Last:       |

**List Honors and Awards**

Please fill out both name and description. Fill in the most important honors and awards.

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| --- | --- |
| A) Name of Honor/Award, B) Description | Year(9, 10, 11, 12) |
| A)       B)       |       |
| A)       B)       |       |
| A)       B)       |       |
| A)       B)       |       |
| A)       B)       |       |
| A)       B)       |       |
| A)       B)       |       |
| A)       B)       |       |

**List and describe any extracurricular activities, internships, leadership positions, volunteer experiences, and research experiences.** Fill in the most important activities and positions.

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| --- | --- |
| A) Name, B) Description | Year(9, 10, 11, 12) |
| A)       B)       |       |
| A)       B)       |       |
| A)       B)       |       |
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| A)       B)       |       |

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| Name. First:       | Last:       |

**Essay: Please respond to the two essays below**

**1) Describe the attributes, skills, abilities, or experiences you possess that will promote your personal success and the success of your peers in this rigorous environment?  Explain how this program will benefit your educational and career goals. At most about 300 words.**

**2) Describe any difficulties or hardships you have faced. Explain how you overcame those difficulties. At most about 300 words.**

**\*Describe the extent of any previous research experience below if applicable. (If not applicable, this section will not hurt your likelihood of getting accepted).**

**Other Comments:**

Please feel free to use this area to explain any of your application responses. You may also use this area to provide the application review committee with any information about you that has not been asked in the application questions above. If this box does not pertain to you, please leave it blank and continue onto the next page.

|  |  |
| --- | --- |
| Name. First:       | Last:       |

# Medical Insurance

Students are required to be covered by medical insurance (i.e., parent’s insurance or the CHIP program), which will be used if medical care is required. A copy of the student’s current medical plan coverage card **must be on file prior** to the start of the 2024 Medical Science Internship Program. Parents will be contacted if medical attention is required. **This information will be requested only of students who are accepted into the program --- please do not send in with the initial application.**

* **Student Responsibilities**

As members of the VCU community during the program, the VCU MSIP interns enjoy many of the same privileges as regular VCU students, and consequently accept the responsibility for mature, acceptable behavior. During their summer internship, students are expected to abide by the guidelines listed below. Please review these carefully.

# Guidelines for Students

* **Respect for Others**: VCU is a community that consists of many varying backgrounds and beliefs. Racist, sexist, and other derogatory comments will not be tolerated, and may be grounds for dismissal from the program.
* **Substance Abuse**: Alcohol and illegal drugs are strictly forbidden. Use of any of these substances will result in disciplinary action and immediate dismissal from the program.
* **Damages or Loss**: Students are expected to respect the property of VCU at all times. Individual students assume the responsibility for damages or loss of personal property in the labs.
* **Professionalism**: Students are expected to attend and be punctual to lab, lectures, and planned events. If a student will be late or unable to attend an event, he/she must email or call the program director beforehand.

I, the parent/guardian of       permit him or her to be selected to participate in the Medical Science Internship program. I realize that the participants must provide transportation to and from the program. I understand that if selected for the program, he or she will abide by the rules and regulations set forth by VCU. I understand that infraction of the rules and regulations will be a just cause for immediate dismissal of any participant who commits such an infraction. By digitally signing this form, I understand that I have read this page and agree to follow the program requirements.

Student’s signature: Date

|  |  |
| --- | --- |
|       | (mm/dd/yyyy):       |

Parent’s signature: Date

|  |  |
| --- | --- |
|       | (mm/dd/yyyy):       |
| Work phone:      | Email:      |

|  |  |
| --- | --- |
| Name. First:       | Last:       |

**Application Checklist**

Please check the box of completed items:

 1. I have read the following webpage (please make sure to read the ‘Program Information’ tab and the ‘Frequently Asked Questions’ tab): http://www.medschool.vcu.edu/research/summer/msip/

 2. Change the file name of this word document so that you replace “FIRSTNAME” with your first name, followed by a space, and replace “LASTNAME” with your last name.

-Example: John Smith 2024application.doc

-Please email this completed word document application (all grayed blanks filled out) to msip@vcu.edu.

 3. Requested one recommendation from a teacher, coach, or anyone else who can attest to student’s scientific curiosity, motivation, intellectual ability, analytical ability, verbal communication, written communication, work ethic, maturity, reliability, ability to work independently, potential for a career in medicine. Please provide the Google Form linked on the MSIP website to your recommender and inform them of the deadline to complete a reference on your behalf. The deadline for references is the same as the application deadline.

**Note: It is the responsibility of the applicant to check and to remind the reference writer to submit the reference form by the deadline. It is recommended to request for a reference as soon as you decide to apply in order to provide sufficient time to your recommender to write an excellent reference.**

Please email a copy of each requested document to msip@vcu.edu:

 4. A copy of your high school transcript and if applicable, college transcript. Unofficial is acceptable.

 5. A copy of your standardized test scores is recommended, if taken. Unofficial is acceptable.

If you have any questions, please contact us at msip@vcu.edu.