ABI Summer Research Program University of Pennsylvania 125 South 31st Street Suite 1300 Philadelphia, Pa. 19104-3413 Phone: (215) 573-9874 Fax: (215) 746-1224

http://www.med.upenn.edu/airways/

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: <u>The Airways Biology Initiative Summer Research Program is a day program only.</u> <u>There is no housing available and students must arrange transportation to and from campus daily.</u>

	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					
	<u>Please Circle:</u> Currently living with (all that applies): Mother Father 1 Guardian 2 Guardian					
	Highest grade completed by mother (guardian): <12 12 College Professional					
	Highest grade completed by father (guardian): <12 12 College Professional					

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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 AN AIRWAYS BIOLOGY INITIATIVE SUMMER RESEARCH PROGRAM SCHOLAR. ALL INFORMATION PRESENTED HERE IS TRUE TO THE BEST OF YOUR KNOWLEDGE.

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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 m	nust be typed or printed neatly	y. The application	is due <mark>Feb</mark>	ruary 1 st	
Please mail this form to the contact	is form to the contact information above. First MI mmender: Phone: ()				
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 st	udent and in what context?				
2) How would you describe this stud	lent?				
3) Please comment on the student's	personal qualities, particularl	y in regard to cha	racter, integ	grity, 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 mu	st be typed or printed neatly	 The application is du 	ie <mark>February 1st</mark>
Please mail this form to the contact in	formation 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 stud	dent and in what context?		
2) How would you describe this stude3) Please comment on the student's peand peer relationships.		ly in regard to character	, integrity, values,

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):