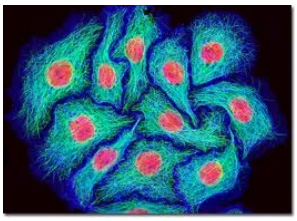
MOREHOUSE SCHOOL OF MEDICINE | CANCER HEALTH EQUITY INSTITUTE

GROW CELLS SUMMER ACADEMY
(Granting Research Opportunities in Wellness by Creating Exciting Learning Laboratories in Science)
HEALTH DISPARITIES RESEARCH
APPLICATION
June 6 – June 24, 2022



PERSONAL INFORMATION (please print or type)

Name _____
Last First Middle

Current Address _____
Street Apt Number City/State Zip

Current Telephone _____ E-mail address_____

Place of Birth _____ Date of Birth _____
(City) (State) (Month) (Day) (Year)

Social Security No. _____ Gender: ☐ F ☐ M ____Age

Race/Ethnicity: ☐ Black or African American ☐ White ☐ Hispanic ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Other

Please list below the parent to be notified in case of emergency:

NAME _____ Relationship _____

Telephone No.: Home: _____ Work: _____Cell: _____

Address _____

_____

SCHOOL INFORMATION (2021-22 Academic Year)

Name of School _____

Name of teacher recommender _____

Name of teacher recommender's School for 2021-22 _____

Grade in School for 2021-22 _____

Career Goals _____

_____

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Science, Math, and Health Courses Taken Grade in Course (A, B, C, D, or F)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Honors and Awards _____

_____

RECOMMENDATION from CURRENT Science Teacher. Please attach to application.

Name_____ Title/Position _____

Address _____

Telephone No. _____ E-mail address _____

ESSAY: On a separate sheet of paper, please develop a 250 – 500 word typed essay on:

- Why you would want to participate in the program
- How the program would relate to your school and career goals
- Your qualifications and how they would help you succeed in the program

SUBMISSION OF APPLICATION (DEADLINE: May 13, 2022)
Please submit your completed application and essay to:

Shailesh Singh, PhD
Morehouse School of Medicine
shsingh@msm.edu

VERIFICATION: Students will receive a confirmation email when the application has been received by Dr. Singh. Interviews will be announced shortly thereafter.

Participants will be required to follow Morehouse School of Medicine COVID-19 guidelines.

I certify that the information submitted in this application is true and correct to the best of my knowledge. I give the program director and coordinator permission to verify my information. If selected, I authorize and release Morehouse School of Medicine to video, photograph or otherwise record my participation in this program.

_____ _____
(Student Signature) (Date)

_____ _____
(Parent Signature) (Date)