

SUMMER HONORS UNDERGRADUATE RESEARCH PROGRAM  
 DIVISION OF MEDICAL SCIENCES at HARVARD MEDICAL SCHOOL  
 2010 APPLICATION FORM

	Name (Last, First Middle)
Contact Information	Current mailing address
	Street
	City, State, Zip
	Address valid until Month/Year
	Cell phone number
	Current phone number (if different from cell)
	Email address
	Permanent (home) mailing address
	Street
	City, State, Zip
	Phone number

Undergraduate Institution	School
	Major
	Expect to graduate (Month/Year)
	Faculty Advisor (Name, Phone)

Gender (please check)	Male	Female
Date of Birth (Month/Day/Year)		
Birthplace		
Are you a U.S. citizen?	Yes	No
If no, do you have permanent resident status?	Yes	No
I-551 card number		

Biographical Information	Other citizenship (indicate country)
	African-American
	Latino/a
	Puerto Rican
Are you (please check)	Other Hispanic (specify country)
	Native Pacific Islander (specify island)
	Native American (specify tribal affiliation)
	Other (specify)

Two Letters of Recommendation will be sent by	(name)
	(name)

How did you find out about this program?

This program is funded in part by grants from NIH and NSF. Therefore, we are unable to accept international students, or students who are required to remain on other federally-funded training grants during the summer.

MAIL THIS PAGE AND ALL OTHER REQUIRED MATERIALS TO: 2010 SHURP Director, Division of Medical Sciences, Harvard Medical School, T-MEC Room 432, 260 Longwood Avenue, Boston MA 02115. POSTMARK DEADLINE: Monday, Feb. 1, 2010. **Include a stamped, self-addressed postcard if you wish to be notified when your application is complete.**