

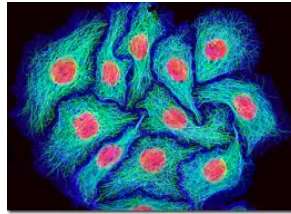


**CANCER HEALTH
EQUITY INSTITUTE**

GROW CELLS SUMMER ACADEMY
(Granting Research Opportunities in Wellness by Creating Exciting Learning Laboratories in Science)
**HEALTH DISPARITIES RESEARCH
APPLICATION**

June 5 – June 23, 2023 (Monday - Thursday), 10a-12pEST (virtual)

Cancer Research Symposium, July 26, 2023 (in-person)



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 _____

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 1, 2023)

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)