



## SUMMER BIOMEDICAL TRAINING PROGRAM

PLEASE SEND THE FOLLOWING INFORMATION **BY MARCH 1** TO:

SUMMER BIOMEDICAL TRAINING PROGRAM  
HOWARD HUGHES MEDICAL INSTITUTE  
1000 HILLTOP CIRCLE  
Baltimore, Maryland 21250

1. Completed application form (below).
2. One (1) official copy of your transcript.
3. Two (2) official letters of recommendation.
4. Personal statement (one page) including past research experience and future goals.

1) Name: \_\_\_\_\_  
Last First Middle

2) Social Security Number: \_\_\_\_\_ 3) U.S. Citizen: Yes No 4) Ethnic Heritage:  
If no, Permanent Resident: \_\_\_\_\_ African American \_\_\_  
Asian or Pacific Islander \_\_\_  
Caucasian \_\_\_ Hispanic \_\_\_  
Other \_\_\_\_\_

5) E-mail Address: \_\_\_\_\_

6) Undergraduate University: \_\_\_\_\_ 7) GPA: Overall Major  
\_\_\_\_\_

8) Permanent Address: \_\_\_\_\_ 9) University Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10) Permanent Telephone: \_\_\_\_\_ 11) University Telephone: \_\_\_\_\_

12) Major: \_\_\_\_\_ 13) Anticipated Graduation: \_\_\_\_\_

14) Field of Interest: \_\_\_\_\_

15) Name of Faculty Recommenders:  
1. \_\_\_\_\_ 2. \_\_\_\_\_

If you have any questions or comments please contact  
Justine Johnson  
Program Coordinator