Short-term Research Experiences in Cancer supported by the
Stanley S. Scott Cancer Center at LSU Health Sciences Center & the National Institutes of Health

Short-term Research Experiences in Cancer Application
June 8\textsuperscript{th} thru July 31\textsuperscript{st}, 2015

Complete Applications can be sent either via email or mail. Only complete applications will be considered for review. Complete Applications Include:

1. Completed Application Form
2. 2 Letters of Recommendation from a Professor and/or Supervisor \textit{(recommendations may be sent directly via email by professors and/or supervisors)}
3. Face picture

\textbf{Email:} John J. Estrada, MD, Program Director at jestra@lsuhsc.edu AND Imran Saeed isaeed@lsuhsc.edu \textit{(applications should be titled ShortTermSummerResearchProgramLSUHSC – FirstName_LastName)}

\textbf{Mail:}
John J. Estrada, MD, Program Director
Attention: Imran Saeed
Stanley S. Scott Cancer Center
LSUHSC – New Orleans
1700 Tulane Ave., Suite 913
New Orleans, Louisiana 70112
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Name (print):____________________________________________________ SSN#: __________________________________________

Date of Birth: _________________________ Place of Birth: _____________________________________ Sex: ___________________

Country of Citizenship: _________________ Visa Status: _______________ Permanent Resident No.: ________________

Permanent Address: _______________________________________ City: ______________ State: _______ Zip Code: _______

Current Address (if different from above): ____________________________ City: ______________ State: _______ Zip Code: _______

Email Address: ______________________________

Current telephone number where applicant can be reached: ___________________________________________________________

Cell Phone Number (if different from above): ________________________________________________________________________

Person to Notify in Case of Emergency (print): _______________________________________ Relationship: _________________________

Telephone number _____________________ and email address: _______________________________

Race/Ethnicity Please check all that apply (i.e., more than one race):  _____White  _____Black or African American  _____Asian  _____Am. Indian or Alaska Native
  _____Native Hawaiian or Other Pacific Islander
  _____Hispanic or Latino  _____Not Hispanic or Latino

Are you related to any employee of LSUHSC? _______________ If so, please give name and relationship: ________________________

Have you been employed by LSUHSC in the past? _______________ If so, please provide your position, department, and dates of employment:

School attending at present time or will attend for the new school year/semester: ___________________________________________

Year in school; Please check one: 1st  2nd  3rd  4th
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Educational Background

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List any Honors and/or Prizes Received:
________________________________________________________________________________________________________________
________________________________________________________________________________________________________________

Have you ever participated in a research program? ______ If yes, please list area of research, place, and date of participation.
________________________________________________________________________________________________________________
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Please write a 500-word essay for the reason you want to be part of this program regarding cancer and/or cancer research:
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Short-term Research Experiences in Cancer at LSUHSC
AUTHORIZATION TO RELEASE INFORMATION TO
SELECTION COMMITTEE

Name (print): _________________________    ___________________________          ______________
                     Last         First       Middle Name

By signing this form, I am giving permission to the Admissions Office of my school to release information if needed to the selection committee for the summer research program at the Stanley S. Scott Cancer Center to John Estrada, MD or Imran Saeed.

Signature: ______________________________________________________

Date: ________________________________
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Short-term Research Experiences in Cancer at LSUHSC
AUTHORIZATION TO USE PICTURES and/or PHOTOGRAPHS
(e.g., for records or promotional materials)

Name (print): _________________________    ___________________________          ______________
Last            First   Middle Name

I hereby authorize LSUHSC, SSSCC to use my photograph(s), in whole or in part, in any publication, newspaper, compilation, magazine, book, volume or medium and to make any reproductions or republications of the photograph, in whole or in part and without limitation as to time or number of such publications, reproductions or republications, as publisher (LSUHSC) desires in its discretion. I release the publisher, its successors and assign all persons acting under their permission or authority from liability.

Signature: ______________________________________________________
Date:  ___________________________________

I attest to the veracity of the information provided in this application. I understand this 8-week mentored research experience is a full time position (at least 40-hours per week). If selected to participate, a PowerPoint slide presentation of my research is expected midway through the program and presented to parents, staff, faculty, etc., during the “Open House.” In addition, a poster presentation is required at the completion of the summer research program “Closing Day.” By submitting the application for this program, I voluntarily agree to provide periodic information that will be used to evaluate the impact of the program on my future career choices and/or the effectiveness of the program. This information is essential to the continued NIH support of the research education program. I will make a reasonable effort to keep my contact information current upon request from the program staff.

Signature of applicant/student: ___________________________________________________________________
Date: _______________________________________________________________________________________