

**Short Research Experiences in Cancer at LSUHSC
Supported by the Stanley S. Scott Cancer Center (SSSCC)
& the National Cancer Institute (NCI)**

- Purpose:** To interest and challenge high school students, undergraduates, post graduates, pre-med and current medical school students to pursue biomedical and clinical research as it relates to cancer. Participants are offered an opportunity to perform research supervised by faculty at the Louisiana State University Health Sciences Center, Ochsner Medical Center, Children's Hospital New Orleans and Mary Bird Perkins Cancer Center. It is hoped that the experience will encourage participants to make career choices, which may ultimately benefit cancer patients and contribute to the eradication of the disease.
- Time:** **Monday, May 24, Through Friday, July 16, 2010**
- Eligibility:** Must be a high school senior, high school graduate, undergraduate, graduate from undergraduate studies, and/or medical school students in good standing with interest in science or health related field with a GPA average of 3.5 or higher.
- Application:** Students desiring to take part in the program are requested to complete the attached application form and submit all supporting documents.
- Deadline:** **March 31, 2010** is the deadline for applying to this year's program. A completed application and all supporting documents must be sent to the following address:
- John J Estrada, MD, Program Director
Attention: Cheryl Brauner, MPH, Program Coordinator
LSUHSC Stanley S. Scott Cancer Center
533 Bolivar St, Suite 413
New Orleans, LA 70112
or
Jestra@lsuhsc.edu*
- Selection:** The Cancer Education Committee of LSUHSC School of Medicine/Stanley S. Scott Cancer Center reviews and ranks the applicants. The committee will only interview those applicants selected for interview, have completed the application form and have sent all supporting documents by the deadline. Cheryl Brauner, MPH (Coordinator) will contact applicants and set up times for the interviews. These interviews will take place *during the first 3 weeks of April 2010.*
- Between 15 and 20 students will be chosen to participate in the summer research program. Those chosen will receive notice on or before Friday, April 30th 2010*
- Participation:** Research projects are under the supervision of the Basic Sciences/Clinical Research Faculty of LSUHSC (SSSCC), Ochsner Medical Center, Children's Hospital, and Mary Bird Perkins Cancer Center. Research involving the basic (laboratory based) and/or clinical or epidemiological aspects of cancer (i.e., prevention, clinical trials, and clinical research). Students are required to work 40 hours per week, attend weekly seminars on cancer-related topics, and make presentation of their research.
- Orientation:** **May 24, 2010 will be orientation day.** You will meet in the Clinical Sciences Research Building, CSRB, 533 Bolivar St., New Orleans, LA, 70112, fourth floor, room 459. At such date you will be required to complete paperwork for parking and stipend. You will also get your picture ID. A pretest will be given and you will meet your appointed mentor to discuss your research project.
- Open House:** **June 18, 2010.** You will be responsible for a one-slide PowerPoint presentation targeted to the research community and the general public. Parents and other family members will be encouraged to attend.

Closing Day: **July 16, 2010.** On this day students are required to complete a posttest, and complete an evaluation of the director, coordinator, and their mentors. The closing activities will follow and include a 5-hour poster presentation, judging, and an award ceremony at 2:00 pm. Three faculty members will judge the posters and presentations. The winner will be awarded an expense paid trip to attend the 52nd National Student Research Forum in April of 2011 in Galveston, TX. The mentor of the winning student will also receive a monetary prize of \$500 to be applied towards expenses to attend a scientific meeting. At closing all mentors are required to submit an evaluation of their students.

Credit/grade: This experience can be offered for credit. A grade will be given if required by your school.

Stipend: The stipend is \$3,000.00 for high school students and \$3,500.00 for undergraduate and medical students for the entire experience. This stipend is paid in two installments during the 8-week of work.

Accommodations:

Responsibility for accommodations rests solely with each student.

Parking: Students are charged \$25 per month to park in the garage (fee subject to change). Pay for parking is also available at the garage or on the street on a daily basis.

Information: John J. Estrada, MD (Jestra@lsuhsc.edu) or Cheryl Brauner, MPH (cbraun@lsuhsc.edu)

Deadline to Return Application Is Wednesday, March 31, 2010

Interviews will be conducted April 1-23, 2010

Notifications will be made on or before Friday, April 30, 2010

Summer Program will begin on Monday, May 24, 2010

Summer Program will end on Friday, July 16, 2010

Short Research Experiences in Cancer Application
May 24th – July 16th 2010

Name: _____ SSN#: _____

Date of Birth: _____ Place of Birth: _____ Sex: _____

Country of Citizenship: _____ Visa Status: _____ Permanent Resident No.: _____

Permanent Address: _____ City: _____ State: _____ Zip Code: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Permanent Telephone Number: _____

Current Telephone Number: _____

Cell Phone Number: _____

Race/Ethnicity (Optional) Please check: _____ White _____ Black/African American _____ Asian _____ Am. Ind. /Alaska Native
_____ Hawaiian/Pac. Islander _____ Some other Race _____ Hispanic or Latino
_____ Not Hispanic or Latino

Notify in Case of Emergency (name): _____ Relationship: _____

Telephone number: _____

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: _____

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

Educational Background

School	Major	Average GPA	Years attended	Graduated (year)

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.**

Please state your reasons for applying to this summer research program:

If selected, a PowerPoint slide presentation of my research is expected midway through the program and presented to parents, staff, faculty, etc., during “Open House.” In addition, a poster presentation is required at the completion of the summer research program (Closing Day Ceremonies). By submitting the application for this program, I voluntarily agree to provide periodic information that will be used to evaluate the effectiveness of the program. This information is essential to the continued NCI support of the program as evaluation criteria. I will make a reasonable effort to keep my contact information current upon request from the program staff in order to update my career choices.

Please Print Name: _____

Signature: _____

Date: _____

Please submit this completed application along with a picture and letter of recommendation from a professor or supervisor. Send to:

John J. Estrada, MD, Program Director
Attention: Cheryl Brauner, MPH, Program Coordinator
LSUHAC, Stanley S. Scott Cancer Center
533 Bolivar, Room 413
New Orleans, Louisiana 70112

or

Jestra@lsuhsc.edu or cbraun@lsuhsc.edu

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**LSUHSC Stanley S. Scott Cancer Center and NCI
Short Research Experiences at LSUHSC**

**AUTHORIZATION TO RELEASE INFORMATION TO SELECTION
COMMITTEE**

Only to be filled out by LSUHSC incoming and current students (medical, nursing, dental, public health and allied health)

Name: _____
 Last **First** **Middle Initial**

Social Security Number: _____

Address: _____

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

Signature: _____

Date: _____

