

Dana-Farber/Harvard Cancer Center
Continuing Umbrella of Research Experience (CURE)
A cancer research training program for underrepresented minority students
2009 Student Application

Please complete and return to:
Initiative to Eliminate Cancer Disparities
Dana-Farber/Harvard Cancer Center
44 Binney Street, BP332A
Boston, MA 02115

Application Deadline: MARCH 9, 2009
Call (617) 632-3028 if you have any questions
www.dfhcc.org

PART I (Please **print** clearly or type)

1. Name _____

2. Home address _____

_____ (city) _____ (state) _____ (zip)

3. Home phone _____ - _____ - _____ Cell phone _____ - _____ - _____

4. Email(s) _____

5. Date of birth ____ / ____ / ____ 6. Social Security Number _____ - _____ - _____

7. Current high school or college name _____

School address _____

_____ (city) _____ (state) _____ (zip)

School telephone _____ - _____ - _____

8. Current level in school (check one)

High school: ___ Sophomore College: ___ Freshman ___ Sophomore
 ___ Junior ___ Senior ___ Junior ___ Senior

9. Expected date of graduation (check one) ___ 2009 ___ 2010 ___ 2011 ___ 2012

10. Please indicate your predominant ethnic background (please check one):

- Black
- Alaska Native
- American Indian
- Hispanic/Latino
- Native Hawaiian
- Pacific Islander
- Other (please specify) _____

11. Please indicate your gender: ___ Male ___ Female

12. Please indicate your citizenship status:

___ US Citizen ___ Permanent Resident ___ Student Visa ___ Foreign National

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Family Information – Parent/Guardian

10. Mother's Name _____ 14. Father's Name _____
11. Address _____ 15. Address _____
12. Daytime Phone _____ 16. Daytime Phone _____
13. Evening Phone _____ 17. Evening Phone _____

18. Mother's highest level of education:
___ Some high school
___ High school graduate/GED
___ Associate's degree
___ Bachelor's degree
___ Master's degree
___ Doctorate degree
19. Father's highest level of education:
___ Some high school
___ High school graduate/GED
___ Associate's degree
___ Bachelor's degree
___ Master's degree
___ Doctorate degree

20. How did you hear about the CURE program? (check all that apply)
- ___ a. guidance counselor or advisor ___ d. science teacher or professor
___ b. bulletin board ___ e. Biomedical Science Careers Program
___ c. newspaper or magazine ___ f. other (please specify) _____

21. Program interest (check all that apply):
- ___ I am interested in the 9 week summer program (1 full-time summer).
___ I am interested in the 2 year program (full-time summers, part-time academic year).
___ I might be interested in the 2 year program but I need more information.

PART II

22. What is your current grade point average (GPA)? _____ (See your guidance counselor or advisor.)

23. Have you taken any of the following examinations?

	Yes	No	Verbal Score	Math Score	Total Score	Date
a. SAT	___	___	_____	_____	_____	_____
b. ACT	___	___	_____	_____	_____	_____

24. What subjects are you studying or do you plan on studying in school?

25. Please list all science courses you have completed and any science courses you are currently enrolled in:

26. What do you see yourself doing in **two (2)** years?

27. What do you see yourself doing in **five (5)** years?

28. What do you see yourself doing in **ten (10)** years?

29. Describe three talents and/or skills that you feel have made you successful in your academic career.

1. _____

2. _____

3. _____

PART III

30. What three areas of research are you interested in? Please be as specific as possible.

31. Briefly describe what you would like to gain from your participation in the CURE program.

PART IV

32. List any honors, awards, or special recognitions you have received.

33. List any present or past extracurricular activities, especially those related to science and/or health.

34. List any community or national organizations to which you belong.

35. Have you ever participated in any of the following types of *science* programs? (Please check the appropriate line for each type of program. **If yes**, please provide the program name.)

	Yes	No	Don't Know	Program Name/Date
a. non-high school sponsored science education program	___	___	___	_____
b. science research	___	___	___	_____
c. career educational planning	___	___	___	_____
d. science mentoring	___	___	___	_____
e. science counseling	___	___	___	_____
f. science volunteer	___	___	___	_____
g. Biomedical Science Careers Program	___	___	___	_____
h. New England Science Symposium	___	___	___	_____
i. Other	___			_____

Please forward us a copy of your most recent school transcript.

Student Contract:

I am willing to abide by the conditions and regulations set forth by the CURE program. I realize that failure to comply with these rules may result in dismissal from the program.

Signature of Student _____ Date _____

Parent/Guardian Consent (for students under 18):

In signing this form, I (we) certify that this application has been read and that the information is correct to the best of my/our knowledge. I (we) have reviewed the requirements of the CURE program contained in the program brochure, and I (we) consent for my (our) daughter or son to participate in CURE if she/he is selected. I (we) further understand that the selection is the responsibility of the program. Additionally, I (we) give consent for my (our) child to use public or private transportation for participation in program-related activities and to receive routine and/or emergency medical service (if necessary). I (we) authorize the program to use still or video photographs of my (our) child for publicity purposes.

Signature of Parent/Guardian _____ Date _____

CURE 2009 Student Application

Student Statement of Interest

Name _____ Date _____

A statement of interest is required for your application. Use this form to describe yourself as a student, your interest in the biomedical field, and why you should be considered for participation in CURE. The statement should be a minimum of 250 words. (Please **print** clearly or type.)

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CURE 2009 Student Application Letter of Recommendation

Recommendation from your science teacher or professor is required for your application. You, the applicant, should complete the first portion of this form and then give it to your science teacher or professor to complete and include with a letter of recommendation. In order to ensure the recommendation be kept confidential, have this letter returned to you in a signed, sealed envelope. **The sealed letter of recommendation should be included in the completed application package.**

To be completed by the applicant:

Name of applicant: _____

Name of school: _____

To be completed by the science teacher or professor:

Please put an X on the appropriate line that you believe most accurately describes this student applicant.

	Superior	Very Good	Good	Fair	Poor	N/A
Leadership	—	—	—	—	—	—
Maturity/judgment	—	—	—	—	—	—
Dependability	—	—	—	—	—	—
Character/integrity	—	—	—	—	—	—
Imagination/creativity	—	—	—	—	—	—
Initiative	—	—	—	—	—	—
Perseverance	—	—	—	—	—	—

Please add comments and describe any additional qualities or characteristics of this applicant that you feel would be helpful to the CURE Advisory Committee in evaluating this applicant. **THIS COVER SHEET SHOULD BE INCLUDED WITH THE RECOMMENDATION LETTER, WHICH SHOULD BE WRITTEN ON A SEPARATE PAGE.** Thank you for your thoughtful evaluation of this student.

Signature of Science Teacher/Professor

How long have you known this student?

Printed Name of Science Teacher/Professor

Date

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CURE 2009 Student Application Additional References

In order for the CURE Advisory Committee to get a more in-depth assessment of each applicant, another form of reference may be needed in addition to the written recommendation. Please provide the names and contact information for three (3) additional individuals who would be willing to give a telephone reference to support this application.

These references can be one of the following individuals:

- School administrator (Assistant Principal, Principal, etc.)
- Teacher/professor of academics (Math, Science, English, etc.)
- Supervisor from a current or previous employer
- Minister or clergyperson from your place of worship
- Supervisor from a current or previous volunteer position

Your Name: _____

Reference #1

Name: _____ Title/Position: _____

Name of organization/institution: _____

Home telephone (____) _____ - _____ Email _____

How long has this person known you? _____

Reference #2

Name: _____ Title/Position: _____

Name of organization/institution: _____

Home telephone (____) _____ - _____ Email _____

How long has this person known you? _____

Reference #3

Name: _____ Title/Position: _____

Name of organization/institution: _____

Home telephone (____) _____ - _____ Email _____

How long has this person known you? _____

CURE 2009 Student Application Medical Information

Please complete this entire form. Please print clearly or type.

1. Name _____

2. Insurance Company **(Required)** _____

Group I. D. # **(Required)** _____

Name of Subscriber **(Required)** _____

3. Applicant's Physician _____

Physician's Address _____

Physician's Phone Number (____ __ __) ____ __ __ - ____ __ __ __

If there is **no medical insurance** for the applicant please check here _____

4. Please list known allergies and other important medical information. _____

5. Does the state of your health require that special arrangements be made? Do you need assistance or special medication in order to be totally mobile or independent? Please indicate below so that we are able to assist in the coordination of any special arrangements that would be useful. If you answer "YES" to any of the items below, please use the space provided to explain the type of assistance that would be needed.

Physical Handicaps	No ___	Yes ___	Assistance Needed _____
Psychological Problems	No ___	Yes ___	Assistance Needed _____
Hearing Impaired	No ___	Yes ___	Assistance Needed _____
Vision Impairment	No ___	Yes ___	Assistance Needed _____

6. Are there any other reasons why the applicant would need special assistance, facilities, or arrangements? If so, please specify. Please attach an additional sheet if necessary.

No ___ Yes ___ Special Needs _____

Reasonable accommodations will be made for physically challenged students. Handicapped students, their parents and/or educators are encouraged to call the Program Office for more information and to discuss particular needs before they apply.

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