

**2021 Pediatric Summer Science Program
Participant Application**

Name: _____

Date of Birth: _____

Birth Place: _____

Address: _____

Cell Phone Number: _____

E-Mail Address: _____

College or University: _____

Major Field of Study: _____

Academic Class: _____

Have you previously applied to this Summer Science Program? _____

Are you presently employed by either the University of Arkansas for Medical Sciences or
Arkansas Children's Hospital? _____

If yes, briefly describe your duties; please include your Department and name of Supervisor:

4. Please describe why you want to participate in this program and how you think it would relate to your career goals?

If both clinic and basic laboratory research projects are available, do you prefer one over the other? Any specific areas of interest?

5. What are your honors, hobbies, special interests, or work experiences?

6. Please include the following with your application:

- 1) Copy of your current official school transcript
- 2) Letter of recommendation from your Academic Advisor (or professor)

Please return the application, transcript and recommendation letter via regular mail or email by **March 15, 2021** to:

Jenny Kubacak, Director
Arkansas Children's Hospital
Summer Science Program
13 Children's Way, Slot 842
Little Rock, AR 72202

KubacakJ@archildrens.org