



# CINCINNATI CHILDREN'S PULMONARY/SLEEP MEDICINE MEDICAL STUDENT SUMMER RESEARCH FELLOWSHIP PROGRAM

## LETTER OF INTENT

**Due February 12, 2024**

Email your completed application to Mary Kay Lang: [Mary.Lang@cchmc.org](mailto:Mary.Lang@cchmc.org)

### I. STUDENT INFORMATION:

Name:	_____	Email Address:	_____
Gender:	_____	Race:	_____
Disabilities:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disadvantaged:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical School:	_____	Academic Year:	_____
Address:	_____	Phone #:	_____
College:	_____	MCAT Scores:	_____
College GPA:	_____	Dates Available:	_____

### II. PERSONAL STATEMENT (1 page max. 11 point Arial font):

Include information specifically addressing the following:

1. Why you are interested in participating in the SMURRF program
2. The types of research projects and mentors you are potentially interested in pursuing and why
3. Your current medical career goals or plans.

### III. RESUME

Include a copy of your most recent resume.

### IV. LETTERS OF RECOMMENDATION

Letters of recommendation are not required but may be included (maximum of two letters)

### V. SIGNATURE

I certify that the above information is accurate, and I am currently a medical student in good academic standing who will be advancing in my medical school's 2<sup>nd</sup> year curriculum in 2024-2025 without plans to remediate course work.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**