

STAR 2.0 PROGRAM

Summer Training in Academic Research

By Children's Mercy Research Institute in partnership with Duke University

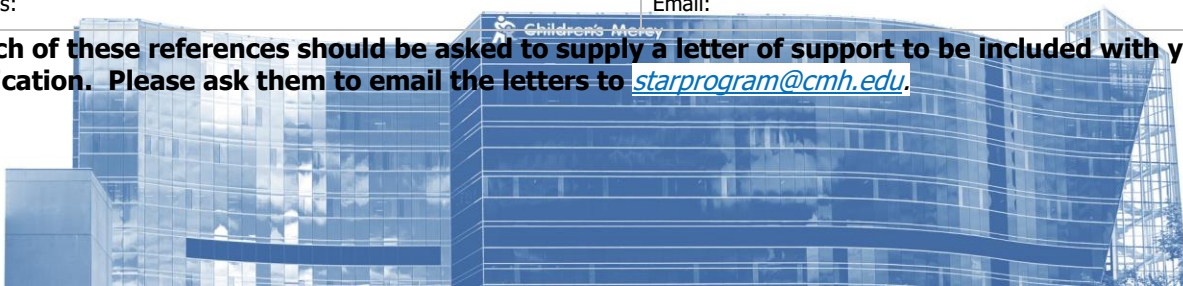
2021 HIGH SCHOOL STUDENT APPLICATION

APPLICANT INFORMATION		
Last name:	First name:	Middle name:
Street address:		Apartment/unit:
City:	State:	Zip:
Phone:	E-mail address:	
Date of birth:	Age on June 21, 2021:	
Gender:	Race/ethnicity:	
Are you eligible for free/reduced school lunch? ____YES ____NO		

EDUCATION*
High school:
Grade level in fall 2021:
Current GPA:
Please list relevant extracurricular activities:

REFERENCES* NON-RELATIVES	
Full name:	Relationship:
Institution:	Phone ()
Address:	Email:
Full name:	Relationship:
Institution:	Phone ()
Address:	Email:

* Each of these references should be asked to supply a letter of support to be included with your application. Please ask them to email the letters to starprogram@cmh.edu.



CURRENT AND/OR PREVIOUS EMPLOYMENT, IF APPLICABLE*		
Company:		Phone ()
Address:		Supervisor:
Job title:		
Responsibilities:		
From	To	Reason for leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company:		Phone ()
Address:		Supervisor:
Job title:		
Responsibilities:		
From	To	Reason for leaving:
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

*** Include additional pages as needed.**

VOLUNTEER EXPERIENCE, IF APPLICABLE*	
Organization	Phone ()
Address	Supervisor
Responsibilities	
From	To
May we contact this organization for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Organization	Phone ()
Address	Supervisor
Responsibilities	
From	To
May we contact this organization for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

*** Include additional pages as needed.**



Please provide an essay on the following topic: "What does medicine and research mean to you?" (limit 2 pages).

APPLICATION CHECKLIST

Note: Items 1–3 below should be emailed by the applicant to starprogram@cmh.edu.
Item 4 should be emailed by each letter writer to starprogram@cmh.edu.

1. ____ Completed application
2. ____ Current school transcript
3. ____ Essay (limit 2 pages)
4. ____ Two letters of support provided by non-relatives

**For more information contact:
starprogram@cmh.edu**

