

2024 APPLICATION | DEADLINE: MAY 31, 2024*2024 SummerScience@Jefferson sessions will be held entirely online***CONTACT INFORMATION**

Name			
Street Address			
City, State, Zip Code			
Home Phone			
Cell Phone			
Email Address			
Gender			
Racial/Ethnic Background <i>(check as many as applicable)</i>	Black/African-American Native Hawaiian Other:	American Indian/Alaskan Native Hispanic/Latino	White Asian

HIGH SCHOOL INFORMATION

In September 2025, I will be a:	<input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Sophomore
Name of High School		
Street Address		
City, State, Zip Code		

How did you hear about the SummerScience@Jefferson program?

Do you have a family member who is an employee, student or physician at Thomas Jefferson University or Jefferson Health? Yes No

If yes, please list name and department.

PARENT/GUARDIAN CONTACT INFORMATION

Name	
Street Address	
City, State, Zip Code	
Home/Work Phone	
Email Address	

APPLICATION REQUIREMENTS

THE FOLLOWING ITEMS WILL BE REQUIRED IN ORDER TO SUBMIT AN APPLICATION.

NOTE: APPLICATIONS THAT DO NOT HAVE THE REQUIRED DOCUMENTS BY THE DEADLINE DATE WILL BE CONSIDERED INCOMPLETE.

- Completed applications and supporting documents must be submitted by **Friday, May 31, 2024** for review. *Accepted students will be notified by Monday, June 3, 2024.*
- After acceptance, your student will receive a lab kit, which will be mailed to the home address on the application.
- **The Program Fee of \$650 is due by June 10, 2024, AFTER acceptance to the program.** For convenience, you can click on the link to make your credit card payment: jefferson.catalog.instructure.com/courses/summerscience
- Personal Statement (approximately 250–500 words) telling us about yourself and explaining why you are interested in the biomedical sciences, the SummerScience@Jefferson program, and how the program will support your academic aspirations and career interests.
- High School Transcripts or most recent Report Card
- Recommendation Letter: Please submit the attached recommendation form addressing your academic ability and commitment from a current science teacher, coach, club advisor, school administrator, or other adult who knows about your work ethic and achievements. You may not ask a family member or friend to write a recommendation for you.

Incomplete and late applications will not be considered.

Email completed applications to: Waliya Moton-Muhammad at walia.moton@jefferson.edu

LETTER OF RECOMMENDATION FORM

All information on the application must be typed or printed neatly. Please email to the contact information above.

Student: Last _____ First _____ MI _____

Name of Recommender: _____ Phone: _____

Position/Title: _____ Email address: _____

Name of School and Address: _____

1.) How long have you known this student and in what context?

2.) How would you describe this student?

3.) Please comment on the student's personal qualities, particularly in regard to character, integrity, values, and peer relationships.

4.) Indicate by a ✓ your ratings of this student in terms of academic skills and potential, compared to other college-bound students.

No Basis	Characteristics	Below Average	Average	Good	Very Good	Excellent	One of the Top Few
	Creativity, originality						
	Motivation						
	Independence, initiative						
	Intellectual ability						
	Academic achievement						
	Written expression of ideas						
	Effective class discussion						
	Disciplined work ethic						
	Potential for growth						
	Character						
	SUMMARY EVALUATION						

LETTER OF RECOMMENDATION FORM

Continued

5.) Additional Comments

SummerScience@Jefferson

June 24 – July 23

PERSONAL STATEMENT

Begin your statement (approximately 250–500 words) telling us about yourself and explaining why you are interested in the biomedical sciences and the SummerScience@Jefferson program. The essay should also include your future career and educational goals.

AGREEMENT FORM

By submitting this application, you agree to attend **all** scheduled sessions and complete the required research project during the 4-week program period if you are admitted as a SummerScience@Jefferson Participant. In addition, all information presented here is true to the best of your knowledge. You also agree to waive your right to examine your recommendation letters.

Student Signature _____ Date _____

Parent/Guardian Consent

I understand that my child is applying for a 4-week summer science program at Jefferson University from June 24–July 23, 2024. I give permission to my child to apply. In addition, I give permission for the use of my child's final presentation and report, and photos of my child to be used on the web and in other media.

Parent Signature _____ Date _____

Parent Print Name _____

Please note that SummerScience@Jefferson virtual session will NOT be held on Thursday, July 4th and Friday, July 5th, in observance of the 4th of July Holiday.