



Application for High School Student Participation in Research at the Burke Medical Research Institute

Personal Information

Name

Street Address

City

State

Zip Code

E-mail

Phone Number

Date of Birth

Education

High School

Street Address

City

State

Zip Code

Expected Graduation Date

GPA

Please describe your education goals and professional ambitions:

Research Background

Do you have any laboratory research experience outside of organized classroom laboratory courses?

Yes No

If yes, please provide the lab/PI name, institution, duration of experience and a brief description of the research and your role.

Do you have any experience with statistics or biostatistics?

Yes No

If yes, please indicate your type of experience

Research Interests

Why are you seeking a research experience at the Burke Medical Research Institute? Please indicate if this experience is for a school credit and/or expected participation in science research contests.

What is the duration of the research experience you are seeking?

What type of research experience are you requesting? For example, are you looking for molecular biological, behavioral, or patient-clinical oriented research?

Please list the top three faculty research programs in which you are interested:

- 1.
- 2.
- 3.

How do you envision this research experience advancing your career goals?

Is there anything else you would like us to know about yourself?

How did you hear about research opportunities for high school students at Burke?