



Akron Children's Hospital  
Summer Pediatric Research Scholars  
**Application Checklist for 2020**

**To be considered for this program, each applicant must submit ALL of the following at the same time before the deadline of November 8, 2019:**

- Fully completed application**
  - All sections must be typed.
  
- 2 personal Essays ( MLA format, maximum 500 words)**
  - Please include your first name, last name, and page number on each page in the bottom right hand corner.
  
- 2 reference letters**
  - 1 academic reference from a professor, advisor, counselor, or instructor. Academic reference letter is recommended to be on letterhead.
  - 1 character reference of applicants' choice.
  - Reference letters must be signed.
  
- Resume**
  - Please submit a resume in a separate Word or PDF document

**If any of the above items are missing or presented in a different way, the application packet will not be considered in this year's application process. Application must be 100% complete before submission.**

**How to Submit:**

**Applications will be accepted from September 30, 2019 through November 8, 2019.**

- Scanned and emailed to [SPRS@akronchildrens.org](mailto:SPRS@akronchildrens.org)
- US mail to the Research Institute, SPRS Program Coordinator:

Akron Children's Hospital  
130 W. Exchange St.  
Akron, Ohio 44302

If you choose to mail in your application, please allow for 7-10 business days before the deadline to be processed internally.

For additional information please contact [SPRS@akronchildrens.org](mailto:SPRS@akronchildrens.org) or call 330-543-3193



## Summer Pediatric Research Scholars Application

2020 applications will be accepted from Oct. 1 through Nov. 8, 2019

**No handwritten applications will be accepted.**

Date:		Birthday:	
Last Name:		First Name:	Middle Initial:
Home Address:			
City:		State	Zip:
Cell Phone:		Home Phone:	
Email address:			
Education			
Institution	Major	Class of:	GPA
College			
High School			
Other			
Work and Volunteer Experience			
Employer/Organization:		Length of time:	
Responsibilities:			
Employer/Organization:		Length of time:	
Responsibilities:			
Employer/Organization:		Length of time:	
Responsibilities:			
Employer/Organization:		Length of time:	
Responsibilities:			

**Briefly describe any previous healthcare, medical, or research experience you may have:**

**Academic, Community Service, or other Honors and Awards**

Award	Description

**What do you hope to gain from Summer Pediatric Research Scholar (SPRS) participation?**

**How did you learn about the SPRS Program?**

**Personal Essay Instructions**

To learn more about your academic interests, personal experiences, and current career aspirations, we would like you to compose two brief essays. For the first essay, please reply to **item 1** or **item 2**. For the second essay topic, you may pick any of the other topics. In addition to content, we will also evaluate written communication skills. Do not exceed 500 words per essay.

**Please submit your 2 essays in a separate Word document.**

1. What experiences or events sparked your interest in healthcare or science as an academic focus and potential career?
2. Describe a difficult challenge or decision you faced in the past and what you learned from that experience.
3. What role does research play in healthcare and how do you envision yourself taking part in research?
4. Imagine there is a place you have always wanted to avoid. If tomorrow you were told you had to go there, how would you deal with the situation?  
Who would you ask for help, and what would you bring with you?
5. Pick your favorite quote. How does it describe you, and why do you connect with it?

### Two Mandatory Reference Letters

**You must provide 2 letters of reference, by Nov. 8, for your application to be considered.**

At least one must be from a professor or instructor and should address your academic aptitude and scholarly performance as well as demonstrate your commitment to learning.

The second letter may also be written by a professor. We will also accept a letter from an individual who can comment on your character, work ethic, extracurricular interests, volunteer service, athletic participation, accomplishments in the arts, or other personal interests and pursuits.

**Reference letters may be sent by mail to:**

Rebecca D. Considine Research Institute  
 ATTN: Alixandra Mazur / SPRS  
 Akron Children's Hospital  
 130 W. Exchange St.  
 Akron, Ohio 44302

Reference letters may also be scanned and sent by email to [SPRS@akronchildrens.org](mailto:SPRS@akronchildrens.org)

### Resume

Please submit a resume in a separate Word or PDF document

### Background Check

Have you been convicted of an offense other than minor traffic violations? *(place an "x" in the appropriate box)*

No

Yes (If yes, please explain):

Akron Children's Hospital and our affiliated companies are responsible for children in out-of-home care settings [defined by the Ohio Revised Code S2151.86(A) (!)]. We are required to submit your fingerprints and specific information to the Bureau of Criminal Identification and/or the Federal Bureau of Investigation. They will conduct a background check to verify you have not been convicted of crimes that could disqualify you from SPRS eligibility. We cannot accept an applicant who fails to complete the required forms or refuses fingerprinting.

### Authorization and Verification

I hereby affirm that the information provided on this application is true and complete. I understand that any false or misleading representations or omissions may disqualify me from further consideration for volunteer service and may result in discharge even if discovered at a later date.

I understand the terms and conditions of my submission to the background check.

I authorize Akron Children's Hospital to verify any information I have provided. I hereby authorize persons from any of the schools, companies, or organizations named in this application to provide information about me contained in their records, and I release all such persons from any liability regarding the provision of or use of such information.

I understand certain training requirements must be fulfilled and performance standards must be maintained to volunteer at Akron Children's Hospital.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Application deadline: November 8, 2019**

Applications, essays, LOR, and Resumes may be sent by email to **[SPRS@akronchildrens.org](mailto:SPRS@akronchildrens.org)**

Or sent by mail to:

Rebecca D. Considine Research Institute

ATTN: Alixandra Mazur

Akron Children's Hospital

One Perkins Square

Akron, OH 44308-1062

*Questions? Call Alix at 330-543-4256 or email [SPRS@akronchildrens.org](mailto:SPRS@akronchildrens.org)*