



Akron Children's Hospital - Summer Pediatric Research Scholars

Application Checklist for 2026

To be considered for this program, each applicant must submit ALL of the following at the same time (with the exception of reference letters) before: **December 10, 2025 at 11:59pm**

☐ Fully Completed Application

- All sections must be typed. Handwritten applications will not be accepted.

☐ 2 Personal Essays (MLA format, maximum 500 words each)

- Include your first name, last name, and page number on each page in the bottom right-hand corner.

☐ Reference Letters

- One academic reference from a professor, advisor, counselor, or instructor. Academic reference letter is recommended to be on letterhead
- One character reference of applicant's choice from a non-family member
- All reference letters must be signed
- Reference letters should be emailed directly to SPRS@akronchildrens.org by the individual writing the reference.

☐ Resume

- Submit a resume as a separate Word or PDF document.

If any of the above items are missing or submitted in a different format, the application packet will not be considered in this year's selection process. Application must be 100% complete before submission. Reference letters may be submitted separately by the individual writing the reference letter and must be emailed to SPRS@akronchildrens.org

How to Submit:

Applications will be accepted from October 17, 2025 through November 28, 2025 at 11:59 p.m.

Email your completed application to SPRS@akronchildrens.org .

We recommend saving or exporting your files as a PDF and using an electronic signature to confirm completion.

For additional information or questions please contact SPRS@akronchildrens.org



Summer Pediatric Research Scholars Application

2026 applications will be accepted from October 17 through November 28, 2025.

No handwritten applications will be accepted.

Demographic Information:

Date of Birth: _____

Name (Last, First, Middle Initial): _____

Permanent Mailing Address: _____

Cell Phone Number: _____

Email Address: _____

Education Information:

Institution	Major	Graduation Date or Anticipated Graduation Date	GPA
College:			
High School:			
Other:			

Work Experience:

Employer Name	Role/Position Title	Dates of Employment	Brief Description of Responsibilities

Volunteer Experience:

Please list events, experiences, and community service efforts from the last 5 years where you volunteered your time.

Organization Name	Role/Position Title	Dates of experience or number of hours	Brief Review of Responsibilities

Leadership Experience and Engagement:

Please list any organizations or clubs you have participated in during the last five years. Include any leadership roles.

Organization/Group Name	Dates or Number of Hours	Brief Overview	Leadership Role (Title and Dates) / Notable Accomplishments

Healthcare and Medical Experience:

Briefly describe any prior healthcare or medical experience. This may include job shadowing, pre-med camps, interviews with professionals, or participation in related programs.

Research Experience:

Briefly describe any prior research experience (formal or informal). Prior research is not required for this program.

Awards and Honors:

Award Title	Brief Description	High School OR College

What do you hope to gain from participation in the Summer Pediatric Research Scholars (SPRS) Program?

How did you learn about the SPRS Program?

Two Mandatory Reference Letters:

You must provide **two letters of reference** by **November 28, 2025**, for your application to be considered.

- At least **one** must be from a collegiate professor or instructor who can address your academic aptitude and scholarly performance.
- The **second** may be from another professor or from someone who can speak to your character, work ethic, volunteerism, extracurriculars, or personal accomplishments.
- Character references **cannot** be from a family member.
- Reference letters must be emailed directly to SPRS@akronchildrens.org.

Resume:

Please submit your resume in a separate PDF document

Work Authorization:

Are you Authorized to work in the US without Sponsorship? YES NO

Background Check:

Have you been convicted of an offense other than a minor traffic violation? YES NO

If yes: Please explain

Children's Hospital Medical Center of Akron (DBA Akron Children's) and our affiliated companies are responsible for children in out-of-home care settings [defined by the Ohio Revised Code S2151.86(A) (1)]. 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 later. 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: _____

Personal Essay Instructions:

To help us learn more about your academic interests, personal experiences, and career goals, please compose **two essays** (maximum 500 words each). In addition to content, written communication skills will be evaluated. Submit the essays **on separate pages** or in a **separate attached document**.

Essay 1 (required):

What experiences or events sparked your interest in healthcare or science as an academic focus and potential career?

Essay 2 (choose one of the following):

- Describe a difficult challenge or decision you faced and what you learned from it.
- What role does research play in healthcare, and how do you envision yourself participating in it?
- Describe a facet of your identity, background, or story that is essential to who you are.
- Pick your favorite quote. How does it describe you, and why do you connect with it?