



**Application Form**  
**Weill Cornell / Rockefeller / Sloan-Kettering**  
**GATEWAYS TO THE LABORATORY PROGRAM**  
**JUNE 2, 2008 – AUGUST 8, 2008**

**DEADLINE FOR ALL APPLICATION MATERIALS: FEBRUARY 1, 2008**

**PERSONAL INFORMATION** (Please Print or Type)

FULL NAME LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  FEMALE  MALE

CITIZENSHIP STATUS  U.S. CITIZEN  PERMANENT RESIDENT, INCLUDE 1-551 CARD# \_\_\_\_\_

CURRENT UNDERGRADUATE INSTITUTION \_\_\_\_\_

**MAILING ADDRESS** Valid until \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

(Area Code) or (International City Code) and Number

E-MAIL \_\_\_\_\_

**PERMANENT ADDRESS**

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

(Area Code) and Number

E-MAIL \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**FIELDS OF STUDY**

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_ OTHER \_\_\_\_\_

OVERALL CUMULATIVE GPA \_\_\_\_\_ CUMULATIVE GPA IN MAJOR \_\_\_\_\_ EXPECTED DATE OF GRADUATION \_\_\_\_\_

The Gateways to the Laboratory Program is only open to college freshman and sophomores.

\*List your completed college level math and science courses:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SAT Score: MATH \_\_\_\_\_ VERBAL \_\_\_\_\_ COMBINED \_\_\_\_\_

**FACULTY MEMBERS WHO ARE WRITING YOUR LETTERS OF RECOMMENDATION**

Recommender 1 Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Recommender 2 Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

**WHICH ACADEMIC DEGREE DO YOU INTEND TO PURSUE AFTER COMPLETING YOUR BACHELOR'S DEGREE?**

M.D./Ph.D.  Ph.D.  M.D.  M.B.A.  J.D.  Other \_\_\_\_\_

**GENERAL AREA OF RESEARCH INTEREST:**

\_\_\_\_\_  
 \_\_\_\_\_

**RESEARCH EXPERIENCE (dates, location, mentor, research project):**

\_\_\_\_\_  
 \_\_\_\_\_

## DEMOGRAPHIC INFORMATION

WHAT RACE(S) DO YOU CONSIDER YOURSELF TO BE?

- American Indian or Alaskan Native.** A person having origins in any of the original peoples of North, Central or South America who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the far east, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African-American.** A person having origins in any of the Black Racial groups of Africa.
- Native Hawaiian or other U.S. Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other U.S. Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or Northern Africa.
- Other.** (Please Specify) \_\_\_\_\_
- Decline to Indicate.**

DO YOU CONSIDER YOURSELF TO BE HISPANIC OR LATINO?

- Hispanic or Latino.** A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish Culture or origin. (Please Specify) \_\_\_\_\_
- Not Hispanic or Latino.**
- Decline to Indicate.**

THE GATEWAYS TO THE LABORATORY PROGRAM IS OPEN TO MEMBERS OF UNDERREPRESENTED MINORITY OR OTHERWISE DISADVANTAGED GROUPS AS DESCRIBED BY THE NATIONAL INSTITUTES OF HEALTH. ([http://grants.nih.gov/TRAINING/FAQ\\_DIVERSITY.HTM#A3](http://grants.nih.gov/TRAINING/FAQ_DIVERSITY.HTM#A3)) ONLY APPLICANTS WHO FALL INTO ONE OF THESE GROUPS WILL HAVE THEIR APPLICATION CONSIDERED FOR ADMISSION.

DISADVANTAGED GROUP

- FAMILY ANNUAL INCOME QUALIFIES FOR FEDERAL DISADVANTAGED ASSISTANCE/LOAN?  Yes  No  
DO YOU COME FROM A RURAL OR INNER-CITY ENVIRONMENT?  Yes  No

UNDERREPRESENTED MINORITY  Yes (Please Describe) \_\_\_\_\_  No

ARE YOU A FIRST-GENERATION COLLEGE STUDENT?  Yes  No

DO YOU HAVE A DISABILITY (defined as a physical or mental impairment that substantially limits one or more major life activities)?  
 Yes (Please Describe) \_\_\_\_\_  No

HOW DID YOU HEAR ABOUT THE GATEWAYS TO THE LABORATORY PROGRAM? (Check all that apply)

- Fellow student  Department  Conference \_\_\_\_\_  Web site  Other \_\_\_\_\_

ARE YOU CURRENTLY PARTICIPATING IN A GOVERNMENT/PRIVATE SCHOLARSHIP PROGRAM? (Check if applicable)

- MARC  MBRS  McNair  Mellon  Other \_\_\_\_\_

Have you ever participated in a summer research program?  Yes  No

If Yes, list the program(s) and year(s): \_\_\_\_\_  
\_\_\_\_\_

What other summer programs are you applying to? \_\_\_\_\_

## ACADEMIC ADVISOR

Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_

The information that you have provided may be used in aggregate for research purposes. Some aspects of our application may be used by Gateways to the Laboratory to track your academic progress or for graduate school recruiting efforts. None of the information will be released to others in a way that identifies you or can be used for solicitation purposes.

Save your application as a PDF with your name as the file name (Last Name, First Name). Email it to [mdphd2@med.cornell.edu](mailto:mdphd2@med.cornell.edu).

or:

### MAIL ALL MATERIALS TO:

Weill Cornell / Rockefeller / Sloan-Kettering  
Gateways to the Laboratory Program  
1300 York Avenue, Room C-103  
New York, NY 10065  
(212) 746-6023

Applications are available at: [www.med.cornell.edu/mdphd](http://www.med.cornell.edu/mdphd)

Incomplete applications will not be considered.

Early completed applications are strongly encouraged.

**All materials must be postmarked no later than February 1, 2008.**

Applicant's Name \_\_\_\_\_

**Please summarize your laboratory experience, research interests and goals. Make sure you articulate your qualifications and reasons for wishing to participate in the program.**