



EXCELLENCE IN CARDIOVASCULAR SCIENCES
SUMMER RESEARCH PROGRAM 2009
WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE
HYPERTENSION & VASCULAR RESEARCH CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NORTH CAROLINA 27157-1032

PLEASE TYPE OR PRINT LEGIBLY

Name _____ Social Security # _____

Undergraduate Institution _____

Class: Freshman Sophomore Junior Senior Date of Birth: ___/___/___ SEX: M F

Major _____ GPA _____ Expected date of graduation _____

Current Mailing Address Home Mailing Address: (give date)

Current Telephone: () _____ Home Telephone: () _____

Cell Phone: () _____ Fax Number: () _____

Internet Address: _____

Are you a U.S. Citizen? __ Yes __ No (You must be a citizen or permanent resident to participate in this program)

Please indicate the group(s) in which you would include yourself:

___ Native American/Alaskan Native ___ Hispanic ___ Black ___ Asian or Pacific Islander

Are you on a MARC Scholarship or other federal funding? ___ Yes ___ No

Indicate your preferred areas of interest (1st & 2nd):

___ Developmental Biology ___ Kidney Function & Fluid Balance ___ Molecular & Cellular Biology

___ Hormones and Blood Pressure ___ Vascular Biology ___ Hypertension

Mail Applications to:

APPLICATION REQUIREMENTS

STATEMENT OF ACADEMIC INTERESTS:

One page typed or word-processed.

TRANSCRIPT:

Copy of undergraduate transcript including Fall semester grades. Transcripts may be sent with application or under separate cover.

LETTERS OF RECOMMENDATIONS:

Two letters of recommendations from academic faculty, to be sent with application or under separate cover.

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APPLICATION SUBMISSION DEADLINE

February 13, 2009

PROGRAM STARTS

June 1, 2009