

2017 SUMMER SCIENCE PROGRAM

Co-sponsored by Thermo Fisher Scientific and the University of Illinois College of Medicine Rockford

APPLICATION DEADLINE: MARCH 15, 2017

Complete this form electronically or [print legibly](#).

Name _____

Home Address _____ Zip Code _____

Cell Phone _____ Email Address _____
Area code necessary Print email address carefully

School Name _____

School Address _____ School Phone _____

Current Academic Year: Junior Senior Other _____

Science Courses Taken	Final Grade	Science Courses Taken	Final Grade
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Math Courses Taken	Final Grade	Math Courses Taken	Final Grade
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_____	_____	_____	_____
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_____	_____	_____	_____
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While your academic background is important, we would also like to know about other aspects of your life, both in school and out of school.

Membership _____

Honor / Award _____

Activities _____

Work Experience _____

You may use additional space to explain all courses, memberships, awards, etc.

Items you must submit:

1. You **MUST** submit a double-spaced **500-word essay** of what you hope to gain from this program and how it will influence your future.
2. Your three (3) letters of recommendation **MUST** be received by the above deadline. ***Electronic recommendation letters are not allowed. They must be submitted with an original signature.***
3. You must be 16 years or older, by Illinois State law, to work in a research laboratory. The cut-off date is June 1, 2017, to participate in this program. By signing this, I acknowledge that my son or daughter is/will be 16 years of age by June 1, 2017.

I also give my consent for my minor son or daughter to participate in this program.

Signature of Parent or Legal Guardian

Date

I verify and confirm the above-referenced scholastic record.

Principal / Science Department Chairperson

Date

UIC HR Policy # 313

Employment of relatives is permissible at the UIC Health Sciences Campus – Rockford, subject to compliance with university statutes, review of appointments and resolution of conflicts.

This policy prohibits any influence by a relative including making a referral for employment, transfer or promotion. Thus, if a current employee recommends their relative for employment, transfer, or promotion, a potential violation of the policy may occur.

If you have a relative that is working within the UIC system, please list their name and department. This documentation is necessary to process your paperwork.

Name _____ Department _____

You can also find this form at <http://Rockford.medicine.uic.edu>

Please return the **application, CV/resume** and **three (3) letters of recommendation** to:

Janet Stull Snow
University of Illinois College of Medicine Rockford
Department of Biomedical Science
1601 Parkview Avenue
Rockford, IL 61107
815-395-5680

For information regarding the program contact Daryl Messenger at:
daryl.messenger@thermofisher.com