

High School Summer Research Program 2025 Application & Essay Form

Applicant Name		Applicant Birthdate		
Home Address (Street)				
Home Address (city, state, zip code)				
Are you a citizen of the United States?	YES	NO		
If you answered NO, please explain:				
Do you have a Social Security Number?	YES	NO		
Last 4-digist of Social Security Number:				
Email Address		Primary Phone Number		
Name of Parent or Guardian		Phone Number or Email Address (in case of emergency)		
Name of School Attending		Current School Grade/Level		
Name of Primary Science Teacher		Email Address for Primary Science Teacher (in case of questions)		
Science classes you have taken (includi	ng your current s	school year):		



2.	Have your worked previously in	a research laboratory?	YES	NC)			
	If so, where, with whom, how long, and on what topic?							
3.	I am interested in:	performing biomedical	research	practicing m	edicine.			
o .	both research and medicine,							
	at this time.							
4.	I am applying because:	my high school requires	s lab work,	colleges req	uire lab experience, or			
	lab work interest	s me.						
5.	If you expect that you will have to work less than 30 hours/week, please explain why:							
6.	If you will be gone for any period during the program, please provide date(s) and explain:							
Sig	Signature of Applicant		Signature of Parent or Guardian					
Dat	e							

Return completed application (including essay), Consent & Release Form, and a short letter of recommendation from your primary science teacher to Ashley Curry (ashley.kareken@louisville.edu). Additional information may be included with the application if relevant.



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Tell us about you: what are your interests, what excites you scientifically, what are you attracted to in cancer research, what are your expectations for the program and how do you hope the program will benefit you.