



Akron Children's Hospital
Summer Pediatric Research Scholars
Application Checklist for 2025

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 the deadline of November 22, 2024 at 11:59pm:

Fully Completed Application

- All sections must be typed. No handwritten applications will be accepted.

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

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

Reference Letters

- 1 academic reference from a professor, advisor, counselor, or instructor. Academic reference letter is recommended to be on letterhead
- 1 character reference of applicants' choice from a non-family member
- Reference letters must be signed
- Reference letters may be emailed to SPRS@akronchildrens.org by the individual of reference

Resume

- Please submit a resume in a separate Word or PDF document

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

How to Submit:

Applications will be accepted from September 11, 2024 through November 22, 2024 at 11:59pm.

- Scanned and emailed to SPRS@akronchildrens.org

For additional information please contact SPRS@akronchildrens.org or call 330-543-5734 and ask for Alyssa Keller.



Summer Pediatric Research Scholars Application

2025 applications will be accepted from Sept. 11 through Nov. 22, 2024

No handwritten applications will be accepted.

Date:		Birthday:	
Last Name:		First:	MI:
Permanent Address:		City:	
State:		Zip:	
Cell Phone:		Home Phone:	
Email address:			
EDUCATION			
Institution	Major	Class of:	GPA
College			
High School			
Other			
WORK AND VOLUNTEER EXPERIENCE			
Employer/Organization:		Length of time:	
Responsibilities:			
Employer/Organization:		Length of time:	
Responsibilities:			
Employer/Organization:		Length of time:	
Responsibilities:			
Employer/Organization:		Length of time:	
Responsibilities:			

BRIEFLY DESCRIBE ANY PREVIOUS HEALTHCARE, MEDICAL, OR RESEARCH EXPERIENCE YOU MAY HAVE.

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ACADEMIC, COMMUNITY SERVICE, OR OTHER HONORS AND AWARDS

Award	Description

WHAT DO YOU HOPE TO GAIN FROM SUMMER PEDIATRIC RESEARCH SCHOLAR PARTICIPATION?

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HOW DID YOU LEARN ABOUT THE SPRS PROGRAM?

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PERSONAL ESSAY INSTRUCTIONS

To learn more about your academic interests, personal experiences, and current career aspirations, we would like you to compose two brief essays. For the first essay, please **reply to item 1**. For the second essay topic, you may pick any of the other questions. In addition to content, we will also evaluate written communication skills. Do not exceed 500 words per essay.

Please submit your 2 essays in a separate **PDF** document.

1. **What experiences or events sparked your interest in healthcare or science as an academic focus and potential career?**
2. Describe a difficult challenge or decision you faced in the past and what you learned from that experience.
3. What role does research play in healthcare and how do you envision yourself taking part in research?
4. Describe a facet of your identity, background, or story that is essential to who you are.
5. Pick your favorite quote. How does it describe you, and why do you connect with it?

TWO MANDATORY REFERENCE LETTERS

You must provide 2 letters of reference, by Nov. 22, for your application to be considered.

At least one must be from a professor or instructor and should address your academic aptitude and scholarly performance as well as demonstrate your commitment to learning.

The second letter may also be written by a professor. We will also accept a letter from an individual who can comment on your character, work ethic, extracurricular interests, volunteer service, athletic participation, accomplishments in the arts, or other personal interests and pursuits. This character reference cannot be from a family member.

Reference letters must be sent via email to: SPRS@akronchildrens.org

RESUME

Please submit your resume in a separate PDF document.

AUTHORIZED TO WORK IN THE U.S.

Are you authorized to work in the U.S. without sponsorship?

No Yes

BACKGROUND CHECK

Have you been convicted of an offense other than minor traffic violations?

No Yes (If yes, please explain):

Children's Hospital Medical Center of Akron 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 at a later date. 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:

Application deadline: November 22, 2024

Applications, essays, references and resume must be sent via email to: SPRS@akronchildrens.org