



CHARLES AND MURIEL KORNHEISER CLINICAL SCHOLAR PROGRAM
APPLICATION 2023-2024

Submission Instructions: Please send ALL application materials to SFHscholarsprogram@chsli.org with the subject field as: "Last Name,First Name_CSP2023" by February 1, 2023.

Include all the following documents (acceptable formats) as an attachment in the e-mail:

- [] Application (PDF)
[] Resume/CV (PDF or word)
[] Unofficial copy of your transcript (PDF)
[] Essay (PDF or Word)

For questions about the application, email SFHscholarsprogram@chsli.org.

PERSONAL INFORMATION

First Name _____ Last Name _____

Middle Initial _____ Preferred/Alternate Name _____

Mailing Address: _____

Street Address

Apartment/Unit #

City/ Town

State

Zip Code

Phone: _____ Email: _____

Sex: Male Female Decline to answer

Date of Birth (MM/DD/YY) ____/____/____ Country of Birth _____

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B, TN, etc.) to work for St. Francis Hospital? Y N

Race: How do you self-identify? Please mark all that apply:

White Black/African American Asian American Indian/ Alaska Native

Native Hawaiian/Pacific Islander Other _____

Ethnicity: Are you of Hispanic, Latino or Spanish origin?

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino or Spanish Origin

Please specify. _____

No, not of Hispanic, Latino or Spanish origin

Do you consider yourself an underrepresented minority in the medical field? (1000 characters limit) Y N

Please explain:

ACADEMIC HISTORY

Please state your complete education history begin with most recent:

College and Universities Attended:

Name of School: _____ Location _____

Major: _____ Major: _____ Cumulative GPA _____

Minor: _____ Minor: _____

Degree earned or planning to obtain a degree from this college or university? Y N

If yes, Degree awarded Degree in Progress

Type of degree earned/ planning to earn? _____

Date degree was received/ will be received? _____

Name of School: _____ Location _____

Major: _____ Major: _____ Cumulative GPA _____

Minor: _____ Minor: _____

Degree earned or planning to obtain a degree from this college or university? Y N

If yes, Degree awarded Degree in Progress

Type of degree earned/ planning to earn? _____

Date degree was received/ will be received? _____

Name of School: _____ Location _____

Major: _____ Major: _____ Cumulative GPA _____

Minor: _____ Minor: _____

Degree earned or planning to obtain a degree from this college or university? Y N

If yes, Degree awarded Degree in Progress

Type of degree earned/ planning to earn? _____

Date degree was received/ will be received? _____

High School Attended:

Name of High School _____

Location (City/Town, State) _____

Dates attended (MM/YY): ____/____ to ____/____

Did you graduate from this high school? Y N If no, did you receive your G.E.D? Y N

Were you subjected to any institutional action by a high school, college or medical school for academic performance or conduct violation, even if such action did not interrupt enrollment? Y N

If yes, please explain (800 characters limit):

EXPERIENCES

Please state your experiences begin with most recent:

Experience type include: Academic Enrichment, Employment, Extracurricular Activities, Research, Volunteer, Internships (paid and unpaid), Physician Shadowing or Physician Experience

Experience Type: _____

Experience Name: _____ Paid employment? Y N

Employer: _____

Employer Contact Name _____ Contact Title _____

Contact Phone/Email _____

Start Date (MM/YY): ____/____ Current Experience: Y N

If no, End Date (MM/YY): ____/____

Responsibilities/Description of work/experience (700 characters limit):

Release Authorization (May we contact this organization?) Y N

Experience Type: _____

Experience Name: _____ Paid employment? Y N

Employer: _____

Employer Contact Name _____ Contact Title _____

Contact Phone/Email _____

Start Date (MM/YY): ____/____ Current Experience: Y N

If no, End Date (MM/YY): ____/____

Responsibilities/Description of work/experience (700 characters limit):

Release Authorization (May we contact this organization?) Y N

Experience Type: _____

Experience Name: _____ Paid employment? Y N

Employer: _____

Employer Contact Name _____ Contact Title _____

Contact Phone/Email _____

Start Date (MM/YY): ____/____ Current Experience: Y N

If no, End Date (MM/YY): ____/____

Responsibilities/Description of work/experience (700 characters limit):

Release Authorization (May we contact this organization?) Y N

Experience Type: _____

Experience Name: _____ Paid employment? Y N

Employer: _____

Employer Contact Name _____ Contact Title _____

Contact Phone/Email _____

Start Date (MM/YY): ____/____ Current Experience: Y N

If no, End Date (MM/YY): ____/____

Responsibilities/Description of work/experience (700 characters limit):

Release Authorization (May we contact this organization?) Y N

How did you hear about the Charles and Muriel Kornheiser Clinical Scholars Program at St. Francis Hospital?

Family/ friend College Web page_____ Other_____

ESSAY

Submit ONE essay which incorporates at least 3 of the following prompts. (6000 characters limit)

- What motivates you to pursue clinical research at SFH?
- What do you hope to gain from SFH Clinical Scholars Program?
- What do you see yourself doing five years after beginning research at St. Francis Hospital (SFH)?
- Why do you want to participate in SFH Clinical Scholars program?
- How do you anticipate SFH Clinical Scholars Program contributing to your career path?
- Why should you be chosen to participate in SFH Clinical Scholars Program?
- What aspects of clinical research interest you?
- Describe research positions you have held if any.

DOCUMENTS

Additional Requirements:

- Resume/CV
- Unofficial copy of college transcript (SFH CSP reserves the right to request an official transcript prior to matriculation into the program).
- Two/three letters of recommendation
 - Reference contacts may come from significant academic, work, personal, and/or volunteer experiences

Letter of Recommendation Contact Information:

Provide email and phone contact information of references.

Upon receipt of your application, the CSP Admissions Committee will reach out to your references (from the email address SFHscholarsprogram@chsli.org) with instructions for completing and uploading your letter.

1) Name: _____

Title/ Organization: _____

Email: _____ Phone: _____

2) Name: _____

Title/ Organization: _____

Email: _____ Phone: _____

3) Name: _____

Title/ Organization: _____

Email: _____ Phone: _____

I certify that my answers are true and complete to the best of my knowledge.

By printing your name below, this documents your signature.

Print your name: _____ Date: _____

CHECKLIST:

- Application
- Resume/CV
- Unofficial copy of your transcript
- Essay
- Letters of Recommendation Contact Information