

ACMG Foundation for Genetic and Genomic Medicine

## 2019 Summer Scholars Program

### STUDENT APPLICATION

APPLICATIONS MUST BE COMPLETE AND RECEIVED BY **January 16, 2019**

#### STUDENT INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS (while attending school):		(city/state/zip):
PERMANENT ADDRESS :		(city/state/zip):
TELEPHONE (cell):	EMAIL ADDRESS :	

#### COLLEGES OR UNIVERSITIES ATTENDED:

NAME OF SCHOOL	CITY/STATE	DEGREE	MAJOR	MINOR

#### MEDICAL SCHOOLS ATTENDED:

NAME OF SCHOOL	CITY/STATE	START DATE	MAJOR	MINOR

#### INSTITUTION(S) TO WHICH YOU ARE APPLYING:

NAME OF SCHOOL	CITY/STATE	DEGREE	MAJOR	MINOR

#### WHY ARE YOU APPLYING?

Why did you decide to apply for this program? How will it help you? *(Tell The Summer Genetics Scholars Committee About Yourself.)*  
Use additional pages as needed

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### LETTER OF GOOD STANDING

**STUDENT'S NAME:**

Dear Dean of Curricular Affairs:

Please send a letter stating that the above-named student is in good standing in his/her medical school class to the 2019 ACMG Foundation for Genetic and Genomic Medicine Summer Genetics Scholars Program at the address listed below. This student is applying for a stipend from the 2018 Summer Genetics Scholars Program to do research. **WE MUST RECEIVE THE LETTER BY January 16, 2019.**

Thank you for your cooperation.

Sincerely,

Nicole Bell  
Foundation Manager  
ACMG Foundation for Genetic and Genomic Medicine

Student Signature (required): \_\_\_\_\_

