**** **Summer Medical Training**

**I. APPLICANT INFORMATION**

Student Name

 Last First

Email Address Phone Expected Graduation

Academic Institution: Case School of Medicine Cleveland Clinic Lerner College of Medicine

**II. PROJECT INFORMATION**

Project Title

Research Area of Focus

Project Mentor

Project Start Date / / Project End Date / / (minimum 8 weeks)

Expected number of hours per week to be spent on project (minimum 35-40 hours/week)

List any other summer project programs for which you have applied this year.

**III. PROJECT COMMITMENT**

By signing below, the applicant and project mentor agree with the following statements, if the project is funded.

STUDENT COMMITMENT

* I agree to complete the proposed project as outlined in the submitted proposal.
* I agree to complete any required responsible conduct of research or safety training modules.
* I agree to attend department seminars to further develop understanding in the field.
* I agree to prepare a summary report explaining research efforts and outcomes (to include project abstract).
* I agree to present my work at the end of the summer research symposia.
* I agree to acknowledge the support of this training grant in all posters and presentations that come from the work in this program by using the following statement:

*“Supported by a Summer Medical Training research grant from the Case Comprehensive Cancer Center.”*

MENTOR COMMITMENT

* I, or my designee, agree to supervise and direct the student’s work.
* I, or my designee, agree to meet with the student on a weekly basis.
* I agree to match the award in the amount of $500.00 for research supplies.

Student Signature Date

Mentor Signature Date

Please submit your applications to cancer-training@case.edu as one pdf file consisting of:

1.) This completed and signed **Summer Medical Training Application**.

2.) Your current **curriculum vitae**.

3.) Brief (1 page) summary of applicant’s **Interest in cancer research**.

4.) **Project Outline** (1 page) including:

* Project Title
* Project Overview
* Background/Rationale
* Hypothesis
* No more than 2 specific aims

5.) **Letter of support** from proposed project Mentor.

Please also ask your medical school to provide an email to cancer-training@case.edu confirming your status as a current student in good standing.