



CYSTIC FIBROSIS FOUNDATION &
 RESEARCH INSTITUTE FOR CHILDREN'S HEALTH
 CASE WESTERN RESERVE UNIVERSITY
 STUDENT RESEARCH PROGRAM APPLICATION
 SUMMER 2025



Name:	Fall 2025 Undergrad: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
Telephone (Cell):	Fall 2025 Medical Student: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Address:	
City/State/Zip:	
E-Mail Address (School):	E-Mail Address (Home):

Do you qualify as a member of an underrepresented population in the Biomedical, Clinical, Behavioral, and Social Sciences? Yes No (check one) (For guidance <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html>)

EDUCATION

Please indicate the institutions you've attended, the dates attended, and grade point average.

Institution Name	Location	Dates Attended	Overall GPA

Do you have any previous experience in research or an independent study? Yes No (check one)

If yes, please describe in the space allowed.

Are you applying for Cystic Fibrosis Research? Yes No (check one)

Why do you want this research experience? How will it fit into your career plans?

(Limit your answer to 250 words. No attachments are permitted.)

If admitted to the program, would you need housing? Yes No (check one)

**Need for housing in no way impacts on our selection of students but allows us to anticipate how many dormitory rooms will be needed.

A recommendation (one) is required from a faculty member, supervisor, or anyone you feel can speak to your suitability for this internship program. The recommendation form and a cover letter are below and should be submitted by the referee, not the student applicant.

Please send this completed application and your most recent college transcript (electronic transcripts are accepted) via e-mail to **ChildrensHealth@case.edu**

Applications are due Monday March 3rd, 2025.



Dear Referee

The Cystic Fibrosis Foundation and the Research Institute for Children's Health at Case Western Reserve University School of Medicine greatly appreciates your participation in supporting applicants for our summer Student Research Program.

Please complete the enclosed recommendation form and return it via email to: **ChildrensHealth@case.edu**

Thank you again for your assistance in encouraging students to gain the research experience essential for the development of their career goals.

Sincerely,

Mitchell Drumm, Ph.D. and Jenny Kerschner, Ph.D. Summer Research Program Directors



CYSTIC FIBROSIS FOUNDATION &
 RESEARCH INSTITUTE FOR CHILDREN'S HEALTH
 CASE WESTERN RESERVE UNIVERSITY
 STUDENT RESEARCH PROGRAM RECOMMENDATION FORM
 Due Date for application: March 3rd, 2025



Student's Name:
Referee's Name:
Title:
Institution:
Department:
Address:
City/State/Zip:
Telephone Number:
E-mail Address

How are you acquainted with this applicant (teacher, advisor, etc.)?

How would you rate the applicant academically?

Upper 3% <input type="checkbox"/>	Upper 10% <input type="checkbox"/>	Upper 25% <input type="checkbox"/>	Upper 50% <input type="checkbox"/>	Lower 50% <input type="checkbox"/>
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What qualities or talents make this applicant a good candidate for a summer research position?

Other Comments:

Signature:	Date:
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