

Medical Scholars Application

Thank you for your interest in the Medical Scholars Shadowing Program. This program offers students the opportunity to observe nurses and physicians in various clinical settings, gain insight into day-to-day life as a physician, and explore their future in medicine over a 2-week period in the summer.

Criteria: 3.75 GPA, rising senior student in the fall 2026, and a letter of recommendation from a teacher (science or math preferably)

Name _____ Date of Birth _____
Address _____ City/State: _____
Phone Number _____ Cell phone# _____
Email Address _____
Current High School/GPA _____

Essay Requirements:

Describe your motivation for pursuing a career in medicine and explain why you are interested in participating in the Medical Scholars Summer Program.

Please include a letter of recommendation from a teacher.

Participants must agree to the following:

- I understand that this is an observational experience only and I will not perform any clinical tasks.
- I agree to maintain confidentiality and follow HIPAA guidelines.
- I will adhere to the dress code and professional behavior standards.
- I will have transportation to hospital sites.

Please email completed applications to Tabitha Perrin at tperrin@selfregional.org.