

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

Session Dates:

Session 1: June 8-12 & June 15-19

Session 2: July 6-10 & July 13-17

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 ClinicalEducationStudentInquiries@selfregional.org.