

Emory Orthopaedics Summer Scholars Summer Internship Program

Application Deadline - March 1, 2019

Read and follow the instructions carefully prior to submitting your application. All applicants will be notified on or before the 30th of July 2018.

The Emory University Department of Orthopedic Surgery is committed to outreach through scholarship and mentorship. We believe that there should be a focus on undergraduate collegiate students and early medical trainees who are under-represented in the surgical fields, and especially in Orthopaedic Surgery.

Our Orthopaedic Summer Internship Program serves the dual purpose of highlighting the field of Orthopedic Surgery along with increasing exposure of the student to academic medicine.

Eligibility:

Eligible participants who are college students, particularly women and individuals from groups under-represented in medicine and/or disadvantaged individuals, in good standing from accredited US colleges or universities. US Citizens or U.S. Non-citizen Nationals or Permanent Residents of U.S. are eligible to apply.

Program Curriculum:

The program will span 6-8 weeks and will include the following activities:

- Shadowing of physicians in clinic and surgical settings
- Assigned reading of 1-2 pertinent articles per week
- Assignment to a faculty mentor
- Social networking opportunities with medical students and Orthopaedic Residents
- Work to develop a research project or topic of interest presentation with a faculty mentor

Read and Understand the instructions. *

Yes, I have

If selected, you will be asked for documentation to support the data you provide. Likewise, all correspondence and agreements will be generated from the personal information submitted below. So, please use proper spelling, capitalization and punctuation.

I. Personal Data:

Tell us about yourself

Full Name *

First Name Last Name

Mobile No. : *

Area Code Phone Number

E-mail : *

Where the confirmation will be sent

Home Address : *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Optional Informations :

Information regarding gender, ethnic origin and race are optional. The information is requested for post-scholarship report generation only and in no way affects your selection for internships.

Gender:

Male

Female

Are you a US citizen?

Yes

No

Ethnic Origin:

- Hispanic
- Non-Hispanic
- Not Indicated

Race? (Choose one or more):

- White
- Black or African American
- Asian
- American Indian or Alaskan Native Hawaiian or Other Pacific Islander
- Non-Resident Alien

Are you a first generation college student ?

- Yes, I am the first among my parents or grandparents to attend college.
- No, either my parents or grandparents have attended college.

What is your Career Objective:

0/300

Area of Interest:

- Clinical/ Surgical
- Basic or Translational Research
- Educational
- Health Sciences
- Community Service Outreach

Have you submitted an application for admission?

- Yes
- No

II. Academic Information:

Academic Institution and anticipated date of graduation:

What is your declared major and area of interest?

Curriculum Vitae or List college activities, community activities, volunteer work, honors, offices held:

What is your interest in the field of Orthopedic Surgery?

Please list any previous experiences you may have had in orthopedic surgery.

Do you have a relationship with anyone affiliated with Emory University and/or Emory Healthcare?

Yes

No

If yes, please list their name and role:

III. Essay

Your essay should be 300-500 words. You should address in your essay: your college goals and choice of major, what you intend to do with your education, and why an internship is important to you. Include any academic and non-academic accomplishments, personal characteristics, or experiences that make you uniquely worthy of internship consideration.

Essay:

0/500

What would you like to gain from an experience in the Orthopaedic Surgery Summer Scholars Internship Program?

0/500

Describe something about you that others would be surprised to know:

0/500

What has been your biggest struggle up to this point, and how did you overcome it:

0/500

IV. Applicant's E-Signature

By signing (typing your legal name) in the space below, you are certifying that all information is correct and that you are the person completing this application. When you press the submit button, you will receive an email confirmation that your application was received. Please print for your records and retain as verification of your application.

E-Signature: *

Please submit completed application, letters of recommendation and supporting documents to
ortho.forms@emory.edu

Emory University is committed to equal opportunity in employment and education. Emory University does not discriminate in any program or activity on the basis of race, color, religion, gender, age, national origin, disability, marital status, or any other protected class.