



## 2021 Wellman-HST Summer Institute for Biomedical Optics

The Harvard-MIT Program in Health Sciences & Technology and Wellman Center for Photomedicine Research Experience for undergraduates (REU) site.

Thank you for your interest in the Summer Institute.  
Please complete this application form and review the last page for submission instructions.  
The deadline to apply for the Summer Institute in Biomedical Optics is April 7, 2021.

### Personal Information

Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Last name</span> <span>First name</span> <span>Middle initial</span> </small> Current address _____  Phone _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Area code</span> <span></span> </small> Permanent address _____  Emergency contact name _____  Emergency contact phone _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Area code</span> <span></span> </small> Country of citizenship _____  If not a U.S. citizen, do you currently have permanent residency status?	Academic E-mail _____  E-mail _____  City, State, Zip _____  Cell Phone _____ <small style="display: flex; justify-content: space-between; width: 100%;"> <span>Area code</span> <span></span> </small> City, State, Zip _____  Relationship _____  Your date of birth _____  Your place of birth _____  <input type="checkbox"/> Yes <input type="checkbox"/> No      Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Optional, U.S. citizens only. Please check all ethnicities that apply to you:

- |   |   |
|---|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Chicano/Mexican-American |
| <input type="checkbox"/> Asian-American   | <input type="checkbox"/> Puerto Rican             |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Other Hispanic           |
| <input type="checkbox"/> Native-American  | <input type="checkbox"/> Other (please specify)   |

### Education

Current institution _____	City, State _____
Major _____	Minor, if applicable _____
Overall GPA _____ i.e., 4.0, 5.0	Institution GPA scale, _____
September 2020 Status <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior	
<input type="checkbox"/> Senior <input type="checkbox"/> Grad	
Previous undergraduate institution, if any _____	
Dates attended _____	
Academic honors and awards with dates _____	
First generation college student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Relevant Courses

Please list the names of relevant graduate and undergraduate courses that have prepared you for the Summer Institute.

Engineering: _____	Chemistry: _____	Biology: _____	Physics: _____
Total number	Total number	Total number	Total number

Total number	Total number	Total number	Total number



# 2021 WELLMAN-HST SUMMER INSTITUTE FOR BIOMEDICAL OPTICS

Name \_\_\_\_\_  
Last name First name Date

**Summer Institute Educational Objectives Cover Sheet**  
In the space provided below, please describe the following:

- 1) Your educational and career plans
- 2) Your current scientific and research interests
- 3) Your reasons for applying to this program
- 4) Your qualifications to participate in the program including any research experience unrelated to coursework that you may have had, such as lab experience or data compilation. If you have had research experience, include the names of faculty or principal investigators, duration of your participation, the larger goals of the research, and your specific role.



# 2021 Wellman-HST Summer Institute for Biomedical Optics

Name \_\_\_\_\_  
Last name First name

## Application Checklist

Agree to the applicant statement below.

Tell us how you learned about the Summer Institute, including the URL:

\_\_\_\_\_

Save this application form on your computer as a pdf, complete the form, and then email it to Jonathan Lawson at BioOpticsSummerInstitute@mgh.harvard.edu.

Arrange for supplementary materials to be sent directly to the above email address.

Official transcripts from all undergraduate colleges or universities.

Two letters of recommendation sent separately using the provided cover sheets. Letters of recommendation should come from a current or past teacher, faculty instructor, research advisor, supervisor, or director who is familiar with your work. Please remind your references of the April 7, 2021 deadline.

The deadline to apply for the Summer Institute is April 7, 2021. Email is preferred. Supplementary materials may be mailed to the address below. They must be postmarked by this date. Only complete applications will be considered. Please send all supplementary materials to:

Wellman-HST Summer Institute for Biomedical Optics  
Attention: Jonathan Lawson  
Massachusetts General Hospital  
Wellman Center for Photomedicine  
65 Landsdowne Street, Room 528  
Cambridge, MA 02139  
BioOpticsSummerInstitute@mgh.harvard.edu  
(617) 768-8705

## Applicant Statement

I certify that I will be able to participate for the full duration of the Biomedical Optics Summer Institute, from June 21, 2021 through August 12, 2021. Please note that program dates may be adjusted.

I certify that I am a US Citizen or Permanent Resident of the United States of America.

I certify that the information provided on this application and supplementary documents is true and complete. I understand that misrepresentation or withholding information may result in the rejection of consideration for this program or termination at any time during the program.

I hereby agree to waive my right to view letters of recommendation and release the educational institutions and related individuals from all liability in responding to inquiries regarding my application. I release the Harvard-MIT Health Sciences and Technology, the Massachusetts General Hospital, and all other program-affiliated institutions from any liability related to such inquiries.

I agree to abide by all program requirements, policies and practices.

Signature \_\_\_\_\_

Date \_\_\_\_\_