

Making Cancer History<sup>®</sup>

All sections must be completed for consideration into the program.  
In addition to this application, student must ALSO submit:

- 1) Two letters of recommendation from current or past teachers AND
- 2) Copy of Official Academic Transcript

Application and supporting documents can be emailed to: [SPCR@mdanderson.org](mailto:SPCR@mdanderson.org)  
or faxed to: (512) 237-2437

A. Application for (select one):

Summer High School Research Program

Academic School Year Program

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Do you have any relevant laboratory experience?      YES      NO

If YES, please describe your laboratory experience:

B. Please list ALL science subjects you have taken in high school, and letter grades received:

Science Course	Grade Received

C. Why do you want to participate in the Summer High School Research Program?  
Additionally, please list your personal internship goals and describe how these goals will contribute to accomplishing your career goals after high school and/or college: