

EDMONDSON SUMMER FELLOWSHIP PROGRAM
KECK SCHOOL OF MEDICINE
OF THE UNIVERSITY OF SOUTHERN CALIFORNIA
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
2250 Alcazar Street, CSC 108, Los Angeles, CA 90089-9064
PHONE: (323) 442-2920 FAX: (323) 442-2990

APPLICATION DEADLINE - APRIL 30

PLEASE TYPE OR PRINT

NAME: _____ **PHONE:** _____

ADDRESS: _____
(STREET)

(CITY) (STATE) (ZIP)

BIRTHDATE: _____ **SEX:** _____ **E-MAIL ADDRESS:** _____

NAME OF SCHOOL YOU ARE CURRENTLY ATTENDING: _____

GRADE LEVEL: _____ **GRADE POINT AVERAGE:** _____ **MAJOR:** _____

LABORATORY EXPERIENCE: _____

Have you ever been in this program before? Yes / No **Year:** _____

DATE

APPLICANT SIGNATURE

Brief statement of your educational plans and what you hope to gain from a summer fellowship. Use reverse side if needed.