

DR. LARRY J. SINGERMAN AND DR. STEPHEN G. SCHWARTZ RESEARCH SCHOLARSHIP APPLICATION

Applicant Inform	mation	
Name:		
Address:		
Phone:		
Email:		
Date of Birth	n (MM/DD/YYY):	
Gender:	Female	Male
	Other:	Prefer not to answer
Citizenship:	US Citizen	Permanent Resident
	Other:	
Race:	Asian	American Indian or Alaska Native
	Black or African American	Native Hawaiian or Pacific Islander
	White	Prefer not to answer
Ethnicity:	Hispanic or Latino	Not Hispanic or Latino
	Prefer not to answer	

Education

Undergraduate
Name of Undergraduate Institution:
Dates Attended:
Degree(s):
GPA:
Major(s):
Minor(s):
Post-Graduate (e.g., MPH, MS, MBA)
Name of Post-Graduate Institution:
Dates Attended:
Degree(s):
GPA:
Field of Study:
Medical School
Name of Medical School:
Current Year:
GPA:
USMLE Score: Step 1: Step 2:
Research Experience
Do you have research experience? Yes No

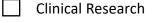
If yes, please describe your work (please limit your response to 500 words):

Research Interest

Areas of Interest (check all that apply):



Basic Research



ΓΙ

Translational Research

Why are you interested in conducting research for a year at the Bascom Palmer Eye Institute, and how do you feel this experience will contribute to your ultimate career goals (*please limit your response to 500 words*)?

References	
Reference 1	
Name:	
Title:	
Institution:	
Phone:	
Email:	

Reference 2)
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Name:

Title:

Institution:

Phone:

Email:

Applicant Checklist



Completed Application





Official Transcripts (undergraduate and medical school)



Letters of Recommendation (may be sent separately)

Please send all application materials to yxs696@med.miami.edu

I certify that all information provided is complete and accurate to the best of my knowledge.

Applicant Signature:

Date:
