



## Summer Scholar Program Application

Student Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number :\_(\_\_\_\_\_) \_\_\_\_\_ Gender: M: \_\_\_\_\_ F: \_\_\_\_\_

Age at time of participation: \_\_\_\_\_

Email Address: \_\_\_\_\_ (This will be the main point of communication)

### Current Education Information

Name of School: \_\_\_\_\_

School Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Year: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

### Program Specifications:

Session Request: Please check which session you would prefer *(This does not guarantee this will be where you are placed)*

Orientation will be held on 6/20/22 this is a **MANDATORY** orientation with **NO MAKE-UPS**

Session 1: 06/19/23-07/07/23 \_\_\_\_\_

Session 2: 07/10/23-07/28/23 \_\_\_\_\_

Extracurricular Activities- Medically Related:

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Extracurricular Activities- Non-Medically Related:

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Have you ever been convicted or adjudicated guilty, adjudication withheld, including Nolo Contendere (No Contest) for and offense other than a minor traffic violation?

☐ No ☐ Yes (if yes please explain)

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☐ I certify that I have read and understand all policies regarding the Summer Scholar Acceptance and Onboarding process at Cleveland Clinic Florida.

<https://my.clevelandclinic.org/florida/medical-professionals / education/summer-scholar-program>

I certify that by signing this form the information given on this form is true, accurate and complete.

**Signature of Consent** “The Summer Scholar Program” is a program designed to introduce high school students and college students to the many career options available in the medical field. They will have opportunity to learn about the various disciplines in medicine through a lecture series and clinical rotations. The students will have a chance to ask questions and to explore different work environments.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Required if under the age of 18)

# DOCUMENT REQUIREMENTS

1. Completed Application Form
2. Two Letters of Recommendation From School
3. Minimum 1 Page statement: "What sparked your interest in the field of medicine?," What do you hope to gain in your participation of the program?"
4. Emergency Contact Form, Parent/Guardian consent form
5. Health Insurance Card (Front and Back)
6. School Transcripts with GPA of 3.6 or higher (This can be an unofficial printed document)

**If accepted into the program you will need to complete the Cleveland Clinic Florida Non-Employee onboarding program Silkroad by the assigned deadline. If you do not complete this you will not be able to participate there are no exceptions.**

**When completing silkroad you will need to be able to provide the following:**

1. Evidence of Immunization (Titers) Measles, Rubella, Varicella
  - Certificate of Immunization
2. Certificate of Negative PPD (< 1 year old) (or) Report of Negative Chest X-ray (< year old)
3. Drug Screen (10 Panel Urinalysis)
4. COVID-19 VACCINE
5. Passport Photo (this is used for badging purposes)
6. Background Check (if you are over 18 years of age)

*The hospital fully complies with the Age Discrimination in Employment Act of 1968 and the Civil Rights Act of 1964 which prohibits employment discrimination based on race, color, creed, sex, age, nation, origin, and physical disability of veteran status.*