UCI Health
Summer Surgery Program
Medical Student Leader Application

(Email completed application to summersurgery@uci.edu

Personal/Contact Information
Name (Last, First, MI):
Mailing Address:
City, State, Zip:

Telephone (Home):	**Cell Phone:**

E-mail:

Date of Birth:	**Gender:** ☐ Male ☐ Female

T-Shirt Size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Scrubs size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

White coat size: ☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Ethnicity/Race:

☐ American Indian/Alaskan Native
☐ American Asian
☐ Asian
☐ Black
☐ Caucasian/White

☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander
☐ Other (Please specify below):
☐ Decline to state

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Please note: *Applicants must be able to participate as a Medical Student Leader for both Sessions I & II. A scholarship of $2000 will be awarded to individuals selected.*

Session I: July 8th through July 19th
Session II: July 22nd through August 2nd

School Information
Name of Current School/University:
School/University Address:
Current Grade Level:

Emergency Contact Information	
Contact Name (Last, First):	
Relationship to Applicant:	**Emergency contact E-mail:**
Emergency contact Daytime Phone:	**Emergency contact Cell Phone Number:**

Please describe why you would like to join the Summer Surgery Program's leadership team as a medical student leader and what experiences you've had that you may be able to share with our students. What specifically will you add to this year's program by participating as a leader?
(Please attach your short essay answer to the end of this application on a separate page)

By typing my name below, I certify that all the information provided in this application is

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correct: