



UCI Health

Summer Surgery Program

Medical Student Leader Application

Email completed application to summersurgery@uci.edu

Session I: July 11th – July 22nd and Session II: July 25th – August 5th

Please note: Applicants must be able to participate as a Medical Student Leader for both Sessions I & II.

A scholarship of \$3000 will be awarded to individuals selected.

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: 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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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 correct: