



2022 Wellman-HST Summer Institute for Biomedical Optics

The Harvard-MIT Program in Health Sciences & Technology and Wellman Center for Photomedicine Research Experience for undergraduates (REU) site.

Thank you for your interest in the Summer Institute.
Please complete this application form and review the last page for submission instructions.
The deadline to apply for the Summer Institute in Biomedical Optics is February 18, 2022.

Personal Information

Name _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last name First name Middle initial </small> Current address _____ Phone _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Area code </small> Permanent address _____ Emergency contact name _____ Emergency contact phone _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Area code </small> Country of citizenship _____ If not a U.S. citizen, do you currently have permanent residency status?	Academic E-mail _____ E-mail _____ City, State, Zip _____ Cell Phone _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Area code </small> City, State, Zip _____ Relationship _____ Your date of birth _____ Your place of birth _____
--	--

Yes No
 Gender: Male Female
Non-binary Other _____

Optional, U.S. citizens only. Please check all ethnicities that apply to you:
 African-American
 Chicano/Mexican-American
 Asian-American
 Puerto Rican
 Caucasian
 Other Hispanic
 Native-American
 Other (please specify) _____

Education

Current institution _____ City, State _____
 Major _____ Minor, if applicable _____
 Overall GPA _____ Institution GPA scale, _____ September 2022 Status Sophomore Junior
 i.e., 4.0, 5.0 Senior Grad

Previous undergraduate institution, if any _____ Dates attended _____
 Academic honors and awards with dates _____
 First generation college student? Yes No

Relevant Courses

Please list the names of relevant graduate and undergraduate courses that have prepared you for the Summer Institute.

Engineering:	Chemistry:	Biology:	Physics:
_____	_____	_____	_____
Total number	Total number	Total number	Total number

Total number	Total number	Total number	Total number



2022 WELLMAN-HST SUMMER INSTITUTE FOR BIOMEDICAL OPTICS

Name _____
Last name First name Date

Summer Institute Educational Objectives Cover Sheet
In the space provided below, please describe the following:

- 1) Your educational and career plans
- 2) Your current scientific and research interests
- 3) Your reasons for applying to this program
- 4) Your qualifications to participate in the program including any research experience unrelated to coursework that you may have had, such as lab experience or data compilation. If you have had research experience, include the names of faculty or principal investigators, duration of your participation, the larger goals of the research, and your specific role.



2022 WELLMAN-HST SUMMER INSTITUTE FOR BIOMEDICAL OPTICS

Name _____
Last name First name

Application Checklist

Agree to the applicant statement below.

Tell us how you learned about the Summer Institute, including the URL:

Save this application form on your computer as a pdf, complete the form, and then email it to Jonathan Lawson at BioOpticsSummerInstitute@mgh.harvard.edu.

Arrange for supplementary materials to be sent directly to the above email address.

Official transcripts from all undergraduate colleges or universities.

One letter of recommendation sent separately using the provided cover sheet. Letters of recommendation should come from a current or past teacher, faculty instructor, research advisor, supervisor, or director who is familiar with your work. Please remind your reference of the February 18, 2022 deadline.

The deadline to apply for the Summer Institute is february 18, 2022. Email is preferred. Supplementary materials may be mailed to the address below. They must be postmarked by this date. Only complete applications will be considered. Please send all supplementary materials to:

Wellman-HST Summer Institute for Biomedical Optics
Attention: Jonathan Lawson
Massachusetts General Hospital
Wellman Center for Photomedicine
65 Landsdowne Street, Room 528
Cambridge, MA 02139
BioOpticsSummerInstitute@mgh.harvard.edu
(617) 768-8705

Applicant Statement

I certify that I will be able to participate for the full duration of the Biomedical Optics Summer Institute, from June 6, 2022 through August 12, 2022. Please note that program dates may be adjusted.

I certify that the information provided on this application and supplementary documents is true and complete. I understand that misrepresentation or withholding information may result in the rejection of consideration for this program or termination at any time during the program.

I hereby agree to waive my right to view letters of recommendation and release the educational institutions and related individuals from all liability in responding to inquiries regarding my application. I release the Harvard-MIT Health Sciences and Technology, the Massachusetts General Hospital, and all other program-affiliated institutions from any liability related to such inquiries.

I agree to abide by all program requirements, policies and practices.

Signature _____

Date _____