Johns Hopkins University School of Medicine

Summer Academic Research Experience (SARE) Program

**Program Overview:**

The Summer Academic Research Experience (SARE) Program provides students with a challenging, enriching, and personally-rewarding summer internship experience. At Hopkins, students engage in biomedical research while participating in rigorous courses in scientific writing and analysis, mathematics, and bioethics. Students commit to making daily progress - personally, professionally, and academically – as they hone their critical thinking skills and practice basic laboratory techniques. Scholars can expect regular assignments designed to develop their knowledge and skills. Upon successful completion of the program, scholars are awarded a stipend for their efforts.

**The Application Process:**

Applicants must be US citizens currently enrolled in high school. Freshmen, sophomores, juniors, and seniors are eligible to apply. Housing is not provided.

To be considered for the program, applicants must submit the following items by **5:00 P.M. on Friday, December 16th, 2022**:

1. Application for Employment (attached document)
2. First Quarter Report Card from 2022-2023 academic school year
3. Current Transcript (for applicants who are in their sophomore, junior, or senior years)
4. Two Letters of Recommendation – One letter must be from a recent STEM teacher. The second letter may come from a different teacher or an employer who directly supervised the student’s work within the last year.
5. Completed Financial Eligibility Paperwork, including required documentation. Before submission, please ensure all sensitive information (i.e. social security numbers) is removed.
6. Verification of Educational Eligibility

Scholars who meet the eligibility requirements and demonstrate thoughtfulness, passion, and potential in their applications will be invited for an interview.

**Application Timeline Overview:**

Applications deadline: Friday, December 16, 2022

Interview Invitations Extended: Mid-January

Interviews Conducted: Mid-January to Mid-February

Program Acceptances Released: Late February / Early March

**APPLICATION FOR EMPLOYMENT**

Johns Hopkins University School of Medicine

Summer Academic Research Experience

**DUE by Friday, December 16, 2022**

**PERSONAL INFORMATION DATE:**

 Please type or print clearly.

Name:

Mailing Address:

E-mail:

Cell Phone Number:

Date of Birth:

School Attending:

Current Grade in School (9,10,11,12):

GPA (Unweighted):

1. Please share something about your background and interests.
2. What is your favorite course in school and why?
3. Do you have a favorite hobby? If so, what is it, and why does it interest you?
4. Are you interested in becoming a healthcare or biomedical research professional? What college do you hope to attend? What steps are you taking to work toward your professional goals?
5. What do you consider your greatest strength, and why?
6. What do you consider your greatest weakness, and why?
7. Why are you interested in participating in a research-based internship? What do you hope to accomplish?
8. What makes you a strong candidate for SARE? How will you be a positive contributor to the program?
9. What science and math courses have you taken in high school? Have you had any experience in research? If so, please share what you studied and in what capacity.
10. What is Johns Hopkins, and why is this institution significant?

**You will need to attach the following documents to your application:**

1. Current High School Transcript (for students in their sophomore, junior, or senior years)
2. First Quarter Report Card (from the 2022-2023 school year)
3. Financial eligibility documentation. Before submission, please ensure all sensitive information (i.e. social security numbers) is removed.
4. Confirmation of Educational eligibility
5. Two Letters of Recommendation – One letter must be from a recent STEM teacher. The second letter may come from a different teacher or an employer who directly supervised the student’s work within the last year. Personal or family references cannot be accepted.

Applications and letters of recommendation may be submitted via postal mail or e-mail to:

SARE Program, Physiology 100

Johns Hopkins School of Medicine: Department of Cell Biology

Physiology 100

725 N. Wolfe St.

Baltimore, MD 21205

Email: Please send one e-mail package to dnr@jhmi.edu and lmurph36@jhmi.edu

**SARE Student Eligibility Criteria**

Admission into the SARE Program is a highly competitive process. To be considered, students must demonstrate that they meet the qualifying factors detailed below.

**Educational Eligibility**

Students must meet one of the following qualifications (**please indicate which applies to you**):

* First-generation student to attend a four-year college
* Attend a school where the majority of students are part of the Free and Reduced Meals (FARM) Program
* Student does not have a permanent home address

**Financial Eligibility:**

 Students must come from a “low-income” household.

For the purposes of SARE, a “low-income” household is defined as a household in which the total income of all members does not exceed 200% of the federal poverty level.

|  |  |  |
| --- | --- | --- |
| Persons in Family | Federal Poverty level Income | 200% income |
| 2 | $18,310 | $36,620 |
| 3 | $23,030 | $46,060 |
| 4 | $27,750 | $55,500 |
| 5 | $32,470 | $64,940 |
| 6 | $37,190 | $74,380 |
| 7 | $41,910 | $83,820 |
| 8 | $46,630 | $93,260 |

To Demonstrate Eligibility:

1. Clearly identify which criteria you meet for the educational eligibility requirement
2. Submit proof of income in one of the following ways:
	1. 2021 federal 1040 tax form
	2. One month of pay stubs for all jobs worked by all members of the student’s household. If you choose this option, you will also need to complete and submit the form on the next page of the application.
	3. Proof of cash assistance programs or lack of income

Before submission, please ensure all sensitive information (i.e. social security numbers) is removed from financial paperwork.

If you have any questions, you may contact Douglas Robinson (dnr@jhmi.edu) or Laura Murphy (lmurph36@jhmi.edu) for more information.

**Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s / Guardian’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AFFADAVIT OF CURRENT INCOME AND LIVING EXPENSES**

1) Your present monthly gross pay (before taxes). . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Send copies of your 2 most recent pay stubs for all jobs worked

2) Your spouse’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Your spouse’s monthly gross pay (before taxes) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Send copies of your 2 most recent pay stubs for all jobs worked

3) Other monthly gross income (specify type: Social Security, pension, etc.)

4) List the names of all individuals (including yourself, your spouse, and all dependents) living in your

 household:

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

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

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

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

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

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

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

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

5) TOTAL monthly income (including all members of household) . . . . . . . . . . . . . . . . . . $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Date: