

Northwestern

**Lanterman Vascular Surgery Student Research Program
Northwestern University Feinberg School of Medicine
Application Deadline February 28, 2025**

PERSONAL DATA				
First Name, Middle Initial:		Last Name:		
Mailing Address: Number and street		City	State	Zip Code
E-mail address:			Cell Phone:	
Permanent address: c/o Name			Permanent phone:	
Number and street		City	State	Zip Code
Date of birth		Citizenship status Choose an item. <i>If non-U.S. Citizen please provide Visa Type.</i>		
EDUCATION				
Institution(s) (include complete name and location)	DATES ATTENDED		DEGREE CONFERRED	
	From (Mo/Yr)	To (Mo/Yr)	Type	Date
Undergraduate				
Graduate school (if applicable)				
Medical school (if applicable)				
Osteopathic school (if applicable)				
CURRICULUM VITAE				

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Please enclose a copy of your current resume/curriculum vitae.

- This should include a list of your scientific publications (published and in preparation), if any; memberships in honorary, scientific, and professional societies; military status and any military experience; and all prior research experience (including the names of all prior mentors).

PERSONAL STATEMENT

On a separate sheet of paper, please provide a 1-2-page autobiographical statement that explains your interest in surgical research. Your statement should include:

1. A brief description of your career path to date, explaining any gaps in training.
2. Any prior research experience.
3. Statement of why you want to pursue a research training experience and what you hope to gain from this program.
4. Description of the research you would like to pursue and why.
5. Statement of who your mentor will be, and why. If you have not identified a mentor, list potential mentors and why they would be relevant to your research interests and career goals.
6. Your short-term AND long-term career goals.

*Please use an 11 point Arial font and be sure your full name appears on each page.

If selected, please provide the date you would be available to start the program.

Have you ever been convicted of a felony? YES NO

If yes, please explain on a separate sheet of paper.

The information provided in this application is current and complete to the best of my knowledge.

Signature:

Date:

Return application, CV/resume, and personal statement via email to marsha.blunt@nm.org.

For additional information, please contact:

Marsha Blunt
Division of Vascular Surgery
Telephone: (312) 926-7775