**The Dr. June Jackson Christmas Medical Student**

**Summer Fellowship in Psychiatry at Columbia University**

**APPLICATION FORM**

***Application must be typed.*** Using Microsoft Word, please fill in the text boxes, which will automatically expand to accommodate the information, or click on text boxes where appropriate.

**BIOLOGRAPHICAL/PERSONAL INFORMATION**

1. Name:
2. Preferred Name:
3. Name of Medical School/ Address:
4. Date Entered Medical School:
5. Present Medical School Year:
6. Current Address:
7. Permanent Address:
8. Phone Number:
9. Email:       (to be used to notify applicant)
10. Skype Username:
11. Gender: Male Female Transgender Other Decline
12. Date of Birth:       13. Place of Birth:

14. Country of Citizenship:

If not a U.S. citizen, are you a permanent visa resident? Yes No

15. Ethnic Identification:

American Indian/Alaska Native (specific tribal affiliation)

Asian, including but not limited to: (check one)

Japanese Indian Chinese

Filipino Korean

Pacific Islander/Native Hawaiian

Other, please specific:

Black (please self-define):

Hispanic/Latino, including but not limited to: (check one)

Cuban Mexican American Puerto Rican

Other, please specify:

Other, please specific:

**EDUCATIONAL BACKGROUND**

16. Undergraduate Education

Name:

Location:

Dates (From-To):

Degree:

Major:

17. Postgraduate Education

Name:

Location:

Dates (From-To):

Degree:

Major:

18. Indicate any specific area(s) of interest in psychiatry:

**REFERENCES**

19. List the names, address and positions of two people who are closely acquainted with your educational, volunteer, and/or work experience in the last 4 years. Urge them to send their statements as soon as possible, and no later than the application deadline. *YOUR APPLICATION CANNOT BE PROCESSED UNTIL THESE ITEMS ARE RECEIVED.*

Reference # 1:

Reference #2: