**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: