

# APPLICATION FOR RESEARCH FELLOWSHIP

Please complete this application and email the completed file to Lauren Cowan, Residency Coordinator, at [medicalstudents@westernreservehospital.org](mailto:medicalstudents@westernreservehospital.org).

## Qualifications/Eligibility:

- Successful completion of MS 1 year (first year medical school)
- Strong interest in health care research

## Personal Information (Fillable PDF):

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Gender: Male          Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mobile Number: \_\_\_\_\_  
Hometown: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Statement of interest (300 word maximum):

## Please attach the following forms to your submission email:

- CV
- Immunizations
  - 2 step TB
  - MMR
  - Flu Documentation



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