CSSEC Research Fellowship Application

The Cardiothoracic Surgical Skills and Education Center and Department of Cardiothoracic Surgery at Stanford University want to stimulate interest, knowledge and investigative research in students in Cardiothoracic Surgery fields. These named fellowships support students in learning basic science techniques and conducting research projects in a laboratory during the summer.

Eligible applicants include students who have previously attended the Summer Internship program or Stanford undergraduate students who have previously worked in a Cardiothoracic Surgery laboratory. Individuals who are interested in applying must fill out both the general application and the specific essay questions for each named fellowship. Each student may apply to only one of the following named fellowships. We anticipate a high competition for these fellowships, so award recipients must be able to participate for at least 8 weeks full time.

A stipend will be awarded to fellowship recipients at the end of the 8 weeks. The stipends may be used for student expenses such as housing, transportation, meals or other costs incurred by the student during the summer.

Limited housing space is available for fellowship students. Housing accommodations will be provided for students depending on availability. The cost for Stanford campus housing is $6,000, which includes room, three meals per day per student in the dining hall, and 24/7 supervision for students under the age of eighteen.

All parts of the application (letters of recommendation, essays, transcripts, etc.) must be complete and submitted by 5 p.m. Pacific Standard Time on March 21st, 2016. To submit your application, please send all documents to Grace Ahsan via the contact information listed below:

Tiffany Koyano, Program Coordinator  Phone: (650) 725-3836
Stanford University School of Medicine  Email: tkoyano3@stanford.edu
Falk Cardiovascular Research Bldg.  Fax: (650) 498-8614
Department of Cardiothoracic Surgery
300 Pasteur Drive, CV-015
Stanford CA 94305-5407

I have read and understood the instructions fully. I understand that submitting the application does not guarantee that I will receive the fellowship. The information provided below is truthful and accurate to the best of my knowledge. I accept all the terms of the fellowship, including forfeiture of the award if I cannot commit to the full 8 weeks of the program. I will be responsible for any additional expenses incurred beyond the fellowship stipend.

Printed Name: _______________________________________

Signature: ____________________________  Date: ____________________
# Student Fellowship in Cardiothoracic Surgery Research Fellowship Application

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<td>GPA:</td>
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<td>SAT Scores:</td>
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<td>Housing Needed:</td>
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**Research Experience: (Attach additional sheets as necessary)**

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<th>Research Institution</th>
<th>Dates (MM/YY-MM/YY)</th>
<th>Hours/week</th>
<th>Project Title</th>
<th>Laboratory Skills, Publications, Awards</th>
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**Leadership, Volunteer, Community Outreach: (Attach additional sheets as necessary)**

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<th>Title/Program Name</th>
<th>Dates (MM/YY-MM/YY)</th>
<th>Hours/week</th>
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**Other Extracurricular Activities: (Attach additional sheets as necessary)**

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Student Fellowship in Cardiothoracic Surgery Research
General Application Part 2 of 2

1. Turn in official high school or college transcripts.

2. Submit a CV or Resume

3. Include 3 sealed, confidential, recent letters of recommendation attesting to your academic accomplishments, volunteer work, research activities, or other notable extracurricular pursuits. One letter must be from a basic science professor who taught you in a class. One letter must be from a humanities professor who taught you in a class. And one letter can be from a research or volunteer supervisor. Recommenders must know you in a professional, academic, or volunteer setting. Letters from family members, friends, or neighbors, will not be accepted.

NOTE REGARDING MEDICAL INSURANCE: Accepted students are required to be covered by their parent’s medical insurance, which will be used if medical care is required. A copy of the student’s current medical plan coverage card must be on file prior to the start of the fellowship. Parents will be contacted if medical attention is required. **This information will be requested only of students who are accepted into the program --- please DO NOT send this in with the initial application.**
Release of Claims and Hold Harmless Agreement (Page 1 of 2)

The parties to this Release are ______________________ (Participant), ______________________ (Participant’s parents or legal guardian, if Participant is under 18), all referred to hereafter jointly and severally as “Participant” and the Board of Trustees of the Leland Stanford Junior University its officers, trustees, faculty, agents, representatives, volunteers, students and employees (collectively referred to hereafter as “Stanford”).

Participant is a voluntary participant in this internship. Participant understands and agrees that such activities may be dangerous and that Stanford cannot guarantee the safety of Participant.

Assumption of Risk. Participant expressly understands and agrees that the internship presents risks to Participant and her/his property. These risks can include, among others: disability access, driving practices, disease risks, health care, injury to the head, neck or spine, injury to the muscular or skeletal systems, injury to internal organs, scratches, bruises, strains, sprains, contusions, falls, fractures, physical violence, verbal abuse, loss or damage to sight, teeth or hearing, paralysis, concussions, brain damage, long/short-term disability, loss of income/career opportunities, serious injury and/or death or other risks, including risks related to explosion, fire, chemical exposure and/or risks associated with field trips. Participant is responsible for researching and evaluating the risks he/she may face and is responsible for his/her actions. Any activities that Participant may take part in, whether as a component of the internship or separate from it, will be considered to have been undertaken with Participant’s approval and understanding of any and all risks involved. This includes, but is not limited to, risks associated with the consumption of alcoholic beverages and/or drugs, property loss, injury to person or property, or death arising out of traffic accidents, assault, and theft or other activities.

It is Participant’s intention that this assumption of all risks shall be legally binding and a complete bar to Participant, Participant’s heirs, personal representatives, relatives and assigns. This assumption of risk applies to all activities arising out of, associated with or resulting directly or indirectly from Participant’s participation in the internship, including but not limited to those risks listed above.

Participant further recognizes, understands and agrees that Stanford assumes no responsibility for any liability, damage or injury that may be caused by Participant’s negligence or willful acts committed prior to, during or after participation in the internship, or for any liability, damage or injury caused by others, including other participants.

Adherence to Standards. Participant understands and agrees to abide by all Stanford policies, rules, and regulations and to all parameters and codes of conduct prescribed by the internship.

Release of Claims. In consideration of being accepted into and participating in the Internship, Participant agrees for Participant and on behalf of Participant’s heirs, executors, administrators, employers, agents, representatives, insurers, and attorneys, to release and discharge Stanford from any and all claims which may arise from any cause whatsoever, including any negligent act or omission by Stanford. Participant further releases and discharges Stanford from liability for any accident, illness, injury, loss or damage to personal property, or any other consequences arising or resulting directly or indirectly from Participant’s participation in the Internship. The Participant acknowledges and agrees that Stanford assumes no responsibility for any liability, damage, or injury that may be caused by Participant’s negligent or intentional acts or omissions committed prior to, during, or after participation in the Internship, or for any liability, damage, or injury caused by the intentional or negligent acts or omissions of others, including participants.

Participant intends that both the assumption of risk and the release of claims be complete defenses to any and all actions, claims or demands that Participant, Participant’s heirs or legal representatives have or may have for injuries to person or property, including death, as a result of the participant’s decision to participate or participation in the Internship.

Indemnification and Hold Harmless. Participant hereby agrees to indemnify, defend, and hold harmless Stanford from any injury, loss or liability whatsoever including reasonable attorneys’ fees and/or any other associated costs, from any action, claim, or demand that Participant, Participant’s heirs or legal representatives, has or may have for any and all personal injuriesParticipant may suffer or sustain, regardless of cause or fault as a result of Participant’s voluntary participation in or decision to participate
Release of Claims and Hold Harmless Agreement (Page 2 of 2)

in the Internship or related activities, on or off of Stanford’s campus. This Indemnification and Hold Harmless Agreement is intended to be all encompassing.

Physical Condition and Insurance. Participant attests that she/he is physically and mentally capable of participating and has no known health restrictions that might jeopardize her/his safety or health or the safety or health of others during their participation in the Internship. Participant gives permission for Stanford or its representative to provide immediate and reasonable emergency care should it be required.

Participant agrees to be solely responsible for payment in full of all costs of medical care she/he may receive in connection with participation in the Internship.

Activities Outside Internship. Should Participant choose to remain at the Internship location or elsewhere either before or after participation in the Internship, the Internship will cease to act as a sponsor for Participant. Should Participant drop out of the Internship voluntarily or involuntarily, the Internship will cease to act as sponsor for Participant thereafter. In the event of either of the foregoing, this release shall remain in full force and effect.

Internship Modification and Cancellation. Stanford reserves the right to cancel or modify the Internship before or during its operation for any reason, including emergencies or unavailability of facilities or personnel.

Termination of Participation. Participant shall not engage in inappropriate conduct. Participant understands that, in its sole discretion, Stanford or its representative may terminate at Stanford’s sole discretion Participant’s participation in the Internship at any time, including during the Internship. Reasons for termination may include, but are not limited to: inappropriate conduct or other behavior by Participant deemed detrimental to the best interests of the Internship, or health or safety considerations. Such termination shall not diminish or otherwise alter Participant’s obligation to make any payment required for the Internship, nor shall Stanford be required to make any refund.

Severability. It is understood and agreed that, if any provision of this release or the application thereof is held invalid, the invalidity shall not affect other provisions or applications of this release which can be given effect without the invalid provisions or applications. To this end, the provisions of this release are declared severable.

Governing Law and Venue. This release shall be construed in accordance with, and governed by, the laws of the State of California. The venue for any action arising out of this Agreement shall be the County of Santa Clara, State of California. The parties agree to submit to jurisdiction in Santa Clara County, California.

Construction and Scope of Agreement. The language of all parts of this release shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. This release is the only, sole, entire, and complete agreement of the parties relating in any way to the subject matter hereof as to Stanford. No statements, promises, or representations have been made by any party to any other, or relied upon, and no consideration has been offered or promised, other than as may be expressly provided herein. This Liability Release, Indemnification, Hold Harmless and Waiver supersedes any earlier written or oral understandings or agreements between the parties.

Participant acknowledges that he/she has read this Assumption of Risk, Release of Claims, Indemnification and Hold Harmless Agreement, understands its meaning and effect, and agrees to be bound by its terms.

Date: ___________ Participant Signature: ___________________________________________

Participant’s Name Printed: ____________________________

Date: ___________ Parent/Legal Guardian Signature (if Participant under 18): ______________

Parent or Guardian Name Printed: ____________________________________________________
Parental/Legal Guardian Consent Form
For Minors Working in Potentially Hazardous Work Areas

Parent/legal guardian(s): Please read the University Guidelines on “Exclusion of Minors in the Workplace at Stanford University”:

I understand that my son/daughter (print name of minor) ______________________, age _____, will be working in potentially hazardous work areas (e.g., laboratories, warehouses, shops) within Stanford University, Department of ___________________, located in Building ____________, Room # ____.

Any minor working in a potentially hazardous work area must be:

- Working under the direct supervision of University staff trained and knowledgeable of the area’s potential hazards.
- Provided appropriate safety training:
  - General Safety (including emergency procedures & personal protective equipment). See EH&S’s website @ http://www.stanford.edu/dept/EHS/prod/training/index.html
  - Site-specific safety training (i.e., chemical safety, radiation safety, infectious agents; blood borne pathogens). Consult with faculty supervisor.
- Provided necessary personal protective equipment.

As parent/legal guardian of the minor named above, I am aware of, and accept the risks and dangers of my minor entering potentially hazardous work areas and hereby give my consent for him/her to enter and/or work within potentially hazardous work areas under the conditions stated above.

____________________________   __________________________   __________
Print Name of Parent/Legal Guardian Parent/Legal Guardian Signature Date

(The section below is to be completed by the faculty supervisor of the area)

I attest that the minor named above has been provided safety training as necessary and that I have specifically designated a University staff member who is trained and knowledgeable of the area’s potential hazards to directly supervise and/or personally accompany the minor within the potentially hazardous work area, and provide personal protective equipment, as necessary.

____________________________   __________________________   __________
Print Name of Supervisor Signature of Supervisor Date
Medical Insurance and Information and Consent for Emergency Medical Treatment Form

Medical Insurance
Is the student covered by medical/hospital insurance? □ Yes  □ No
If so, list the policy/group number: ______________________________________
Carrier Name: __________________ Name of Insured: __________________________
Relationship of Insured to Student: _________________________________________

Medical Information
Please list any medications that would need to be administered to intern in case of an emergency.
____________________________________________________________________________
Please list any allergies to medications, food, insect bites, etc, and indicate if intern carries an EpiPen for allergic reactions.
____________________________________________________________________________
Please list any other special needs or medical issues that would be important for lab personnel to know about in case of an emergency.
____________________________________________________________________________

Consent for Emergency Medical Treatment
I hereby give consent to Stanford University to obtain all emergency medical care under whatever conditions are necessary to preserve the life, limb or well being of the Participant named above.
Participant Signature_________________________ Date_______
Parent/Legal Guardian Signature (if parent/guardian’s plan covers the participant or if participant is under 18 years old at the start of the internship) __________________ Date: _________
Parent or Guardian Name Printed: ___________________________

Emergency Contact Information Form
Intern Home Phone ___________ Intern Cell Phone ___________
In Case of Emergency, Please Notify:
Primary Contact’s Name: __________________ City ______________
Relationship to You: Parent Legal Guardian Sibling Other, describe:
Home Phone ________ Alternate Phone __________
Email Address: __________
AND/OR
Secondary Contact’s Name _________________ City ______________
Relationship to You: Parent Legal Guardian Sibling Other, describe:
Home Phone ________ Alternate Phone __________
Email Address: __________
Participant Signature_________________________ Date_______
Parent/Guardian Signature (if participant is under 18 years old at the start of the internship) __________________ Date_______
Parent or Guardian Name Printed: ___________________________
Stanford Intern Code of Conduct

Stanford interns are expected to adhere to the highest standards of good citizenship, honesty, and integrity in their academic work and in their personal conduct.

- Interns are expected to show courtesy and respect for their fellow students, for Stanford University personnel, and for University visitors.
- Interns shall not take part in or facilitate discrimination of any kind, including, but not limited to, discrimination based on gender, race, national origin, ethnicity, age, religion, sexual orientation, disability, handicap, or intelligence.
- Interns are expected to show respect for and take reasonable care of University property, including laboratories, classrooms, and other Stanford facilities, equipment and furnishings (for instance, course materials, computers, sports equipment, street signs, and other structures in outdoor areas).
- Interns are expected to respect the belongings of their fellow students. They shall not borrow, use, or disturb items belonging to other students or staff without clear prior permission. Interns also are expected to respect the belongings of the participants of other programs at Stanford, and other Stanford visitors.
- Interns shall not use, possess, or distribute alcohol, tobacco, or drugs, with the exception of prescription and over-the-counter medications.
- Interns are expected to be well-behaved and follow the instructions of the residential staff, instructional staff, and other University personnel. Unruly behavior will not be tolerated.
- Interns shall not commit acts of violence on persons or property, nor shall they threaten to commit any act of violence.
- Interns shall not engage in any form of sexual harassment. Sexual harassment includes sexual conduct, or conduct with sexual overtones, which has the purpose or effect of unreasonably interfering with an individual’s academic or work performance or which creates an intimidating, hostile, or offensive learning, residential, or working environment.
- Interns shall uphold high standards of academic integrity through honesty, trust, fairness and responsibility. Interns are expected to demonstrate a spirit of cooperation and exploration within the academic guidelines provided by their instructors, and to meet the intellectual challenges of their internship through honest effort and hard work.
- Interns are expected to know and to follow all rules listed in this Code of Conduct.

Date: ____________  Participant Signature: __________________________________________

Participant’s Name Printed: ______________________________________________________

Date: ____________ Parent/Legal Guardian Signature (if Participant under 18): ____________

Parent or Guardian Name Printed: __________________________________________________