

## **2017 Orthopaedic Summer Research Program Application**

Please submit the completed application along with a copy of your resume or CV to Stephanie Petterson, PhD ([spetterson@ofals.org](mailto:spetterson@ofals.org)) by March 31, 2017.

### **Student Information**

Name:  
School:  
Expected date of graduation:  
Address:  
Phone:  
Email:

### **Previous research experience**

Please list all previous research projects/experience including project title, purpose of the research, mentor/institution, dates, and role on the project. Use additional pages, if necessary.

### **Personal Statement**

Please provide a short statement (maximum 1-page, double-spaced) on why you would like to participate in the Summer Research Internship including your goals and objectives for the program.

### **Research Interests**

Please list your research interests in the field of orthopaedic sports medicine.