



**GROW CELLS SUMMER ACADEMY**  
(Granting Research Opportunities in Wellness by Creating Exciting Learning Laboratories in Science)  
**HEALTH DISPARITIES RESEARCH  
APPLICATION**  
**June 9 – July 3, 2025 (Monday - Thursday),**

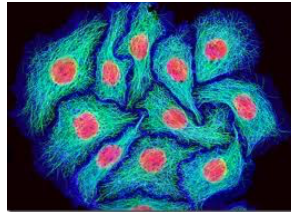
**Virtual and In-Person**

**Lunch will be provide during In-Person sessions**

**July 7, 2025 – July 18, 2025 - fieldwork/practicum/abstract review**

**Cancer Research Symposium, July 22-23, 2025**

**(Crowne Plaza, Peachtree City, Georgia – Lodging and Meals included)**



**PERSONAL INFORMATION (please print or type)**

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street Apt Number City/State Zip

Current Telephone \_\_\_\_\_ Student E-mail address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(City) (State) (Month) (Day) (Year)

Gender: \_\_\_\_\_ Age \_\_\_\_\_ Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Race/Ethnicity:  Black or African American  White  Hispanic  American Indian or Alaskan Native  
 Asian  Native Hawaiian or other Pacific Islander  Other

Please list below the parent/guardian to be notified in case of emergency:

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**SCHOOL INFORMATION (2025-26 Academic Year)**

Name of School \_\_\_\_\_

Name of teacher recommender \_\_\_\_\_

Name of teacher recommender's school \_\_\_\_\_

Grade in School for 2025-26 \_\_\_\_\_

Career Goals \_\_\_\_\_

Science, Math, and Health Courses Taken	Grade in Course (A, B, C, D, or F)
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Honors and Awards \_\_\_\_\_

**RECOMMENDATION from CURRENT Science Teacher. Please attach to application.**

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ E-mail address \_\_\_\_\_

**ESSAY:** On a separate sheet of paper, please develop a 250 – 500 word typed essay on:

- Why you would want to participate in the program
- How the program would relate to your school and career goals
- Your qualifications and how they would help you succeed in the program

**SUBMISSION OF APPLICATION (DEADLINE: April 25, 2025)**

Please submit your completed application and essay to:

Jennifer Creighton  
Morehouse School of Medicine  
jcreighton@msm.edu

**VERIFICATION:** Students will receive a confirmation email when the application has been received by Ms. Creighton. Interviews will be announced shortly thereafter.

Participants will be required to follow Morehouse School of Medicine COVID-19 guidelines.

I certify that the information submitted in this application is true and correct to the best of my knowledge. I give the program director and coordinator permission to verify my information. If selected, I authorize and release Morehouse School of Medicine to video, photograph or otherwise record my participation in this program.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)