CIRM SUMMER PROGRAM TO ACCELERATE REGENERATIVE MEDICINE KNOWLEDGE (SPARK)

PROGRAM APPLICATION PACKET

Contact Info

Director: Virginia Mattis, PhD

Administrators: Laura DeZell & Nathalie Balingit

Main Phone: (310) 248-8552

Email: groupmihsoutreachprogram@cshs.org
January 2017

Dear future scientists:

We, the BOG-RMI Outreach Program, in conjunction with the CSMC Research Internship Program, are pleased to offer a paid 7-week long intensive research experience for high school students. Our mission within the Outreach Program is to promote stem cell research awareness and make a contribution to science education. Our vision is that students will learn about the use of stem cells for translational studies in Regenerative Medicine with the hopes of accelerating delivery of stem cell based therapies to patients with unmet needs.

Duration: The program will be held for 7 weeks. Starting on June 19th, 2017 and ending August 4th, 2017. There will be a mandatory conference held at City of Hope from August 7th to 9th.

Hours: approximately 8am-4:30pm

Program Summary: RMI scientists will mentor interns one-on-one as they participate in a defined research program in translational stem cell research. We will integrate into the program educational courses, tours and guest speakers. At the conclusion of the program, the students will present their research at a CIRM SPARK conference at City of Hope and to an audience at Cedars-Sinai Research Intern Day.

Participant Eligibility: Students must be currently in their junior year in high school. Additional requirements are to provide the RMI with:

- Cover Letter (See pg. 3)
- 500-word essay (See pg. 4, Checklist, for details)
- A copy of your official or unofficial transcripts exhibiting a minimum of a "C" average
- Signed waivers for attendance of the CIRM conference at City of Hope
- Signed CSMC waivers
- 2 Recommendation forms with attached letters or contact information for references (See pg. 14-15)

Program Acceptance: Upon being accepted into the CIRM Spark Program at Cedars-Sinai, students will be notified by their email (we strongly suggest that you use an email you check regularly). A letter of acceptance will be sent out the week of April 18th with additional details such as:

- Attending a 1-day orientation with the environmental & Safety Office and Academic Human Resources.
  - DATE: June 13th, 2017 (tentative)
  - Detailed information will be provided upon acceptance.
- Attending CMSC safety training
  - Detailed information will be provided upon acceptance.

This program is free to participants who will be selected following an application submission. **Students must be in attendance for the entire duration of the program.** Unfortunately, space is limited; there is only enough room for 8 students, so we ask that if you are interested, please complete the attached application by following instructions and submitting all required documents. Should you have any questions please be sure to contact Laura DeZell or Nathalie Balingit (310)248-8552. We look forward to working with you.

Sincerely,

Virginia Mattis, PhD
Program Overview 2017


**Deadline to apply:** Electronic submissions due on April 4th, 2017 by 5pm PST. Please send application to grouprmihsoutreachprogram@cshs.org. We cannot be responsible for applications sent to the wrong email address.

At the end of the internship, students will have:

- Achieved a basic understanding of stem cell research.
- Presented work in front of your peers, mentors, and/or family members.
- Produced a scientific poster and created a weekly blog highlighting their summer research group project and experience.
- Participated in seminars, career panels, networking events & other enrichment activities.
- The opportunity of listing this program on college applications as job experience and/or an extracurricular activity.

**Eligibility:**

- Applicants must be a California Resident & U.S. Citizen/Permanent Resident and have completed their most recent semester of high school at a public or private high school
- Applicants must be currently in their junior year in high school (rising senior summer 2017)
- Applicants must have successfully completed at least one year each of high school level chemistry and biology
- **Applicants must be able to commit to the entire duration of the program (7.5 weeks, ~35 hours total/ week)**
- Applicants must be able to provide their own transportation to and from the program.

Completed Application must be sent by 5pm PST April 4th, 2017*. Please make sure to save copy of your completed application packet for your records and submit all requested documents to grouprmihsoutreachprogram@cshs.org

*NOTE: LATE AND/OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

**CONFIRMATION OF RECEIPT:** AN EMAIL WILL BE SENT STATING THAT YOUR APPLICATION WAS RECEIVED. Please email/call us if you do not get a response within 48 hours of submitting your application.

**Application Selection:**

Students selected to participate will be contacted mid-April.
Application Guidelines

Cover Letter
✓ Your opportunity to introduce yourself and describe any extracurricular interests and hobbies, including any honors or awards.
✓ Should be no longer than one page, 11-point font.

Application:
✓ All requested documentation must be submitted as a single packet (PDF or Word) no later than the deadline date (April 4th, 2017).
✓ Extra documentation (i.e. copies of certificates, awards, additional letters of recommendation, pictures, etc.) are NOT necessary; only the requested items will be reviewed.
✓ Print legibly where needed and/or type where you can and proofread all information submitted.
✓ Please review the provided checklist (page 4) to make sure your application is complete before submitting.

Email Address:
✓ The Regenerative Medicine Institute HS Outreach Programs main communication is via email (primarily grouprmihsoutreachprogram@cshs.org).
✓ It is important that interns include their own personal email address on their application. If necessary, please create a new email address that is professional and will only be used to communicate with RMI and/or other employers.
✓ Do not use your parent’s email address. It is strongly suggested that you create your own.
✓ Verify that your email is legible on your application. Make sure there is no confusion as to whether it is a number 1 or a lower case “l”, etc. Consider writing your email as all caps for clarity.

If you have any questions regarding your application or RMI, please email grouprmihsoutreachprogram@cshs.org
Important - Please assemble your application in the following order:

- Cover letter (See Details, Pg. 3),
- Checklist
- Application: Please make sure all information is included and documents are complete and signed.
- Discharge Policy (Pg. 10)
- Waiver of Liability, Assumption of Risk, and Indemnity Agreement (pg. 11)
- Waiver for Conference Attendance (pg. 12)
- Waiver for photography (pg. 13)
- Parent Affirmation of Completeness and Accuracy of Application (Pg. 14)
- Essay/ Statement of Interest. Please attach your typed essay to your completed application packet. (Pg. 15)
- High school transcript(s) (Official or Unofficial)
- Two recommendation forms with attached narratives
  Recommendations should be from your science teacher, principal, other teacher, advisor/counselor, or work supervisor who can evaluate your potential for this CIRM SPARK Program research experience, taking into consideration your accomplishments, intellectual prowess, independent work habits, capacity for critical and analytical thinking, and/or ability to organize and express ideas clearly and intelligently. It is strongly recommended that one letter of recommendation come from a math or science teacher. If the teachers are sending the information directly to our email address, please write in your application 1) their names, 2) their institution, 3) their contact information (email or phone number) and 4) that they are sending them directly.

Additional pages/ information will be discarded.
RMI High School CIRM SPARK Program Application 2017

Applicant Information:

Name: ____________________________  Email: ____________________________

Phone: ____________________________  Mailing Address: ____________________________

Date of Birth: ____________________________  Current Age: ____________________________

Gender:  

[ ] Male  [ ] Female  [ ] Neutral (please provide preferred pronoun)

Are you related to a Cedars-Sinai employee or physician?  Yes [ ] or  No [ ]

If yes, please specify relatives name and department:

Parent/Legal Guardian Contact Information & Consent

Name: ____________________________  Phone Number: ____________________________  email address: ____________________________

Home Address (including city, state, and zip code):

Relationship to Applicant:

Emergency Contact Information (We will always contact parents/legal guardians first. Please provide names and numbers of other people whom we may contact in the event of an emergency, i.e. grandparents, aunts, uncles, close neighbors)

Primary Contact: ____________________________  Phone Number: ____________________________

Mailing Address: ____________________________  Relationship to Applicant: ____________________________

I certify that this all information on this package is correct:

__________________________________________  Signature of Applicant
Research Interests:

The RMI HS Outreach CIRM SPARK Program includes laboratories focused on the overarching areas of the human body. The current programs will be taking interns this summer: Brain, Eye, Lung, Pancreas and Liver and Skeletal. Please rank your interest in the following areas 1 – 5 (1 being the highest interest and 5 being the lowest):

____ Brain
Diseases of the nervous system cause misery for millions of people around the world. At the Regenerative Medicine Institute (RMI), scientists and clinicians are exploring how diseases of the brain occur and how we may be able to protect or regenerate the brain by using combinations of drugs and cells.

____ Eye
Focused on molecular genetics, gene therapy, and stem cell research, the Eye Program aims at revolutionizing our approach to treating major blinding eye diseases.

____ Lung
Lung Cancer is the 3rd leading cause of death in the U.S. The Mission of the Lung Program is to use lung stem cells to identify critical determinants of lung epithelial maintenance, renewal and remodeling that can lead to more effective therapies for lung disease.

____ Pancreas and Liver
Focused on molecular genetics, gene therapy, and stem cell research, the Eye Program aims at revolutionizing our approach to treating major blinding eye diseases. By producing liver and pancreas cells from pluripotent stem cells provided by the RMI Induced Pluripotent Stem Cell (iPSC) Core Facility, this work is pushing the boundaries of medical science and offering hope to transplant patients who suffer from diabetes, Liver disease and Hepatitis C.

____ Skeletal
Skeletal program is aimed at pioneering the use of adult, resident and induced pluripotent stem cells from the RMI Induced Pluripotent Stem Cell (iPSC) Core Facility to regenerate bone and intervertebral discs. This research holds the potential to address a tremendous clinical need in orthopedic and craniofacial medicine necessary for osteoporosis in men and women.
Working with Laboratory Animals:
Some research projects involve the use of laboratory animals, including mice. Please indicate, by checking the box that you are:

☐ Comfortable with the use of animals being used to advance biomedical research and not averse to working at an institution that uses animals for the purpose of biomedical research.

*Note: All research institutes involved with this program comply with government regulations and guidelines for the care and use of vertebrate animals in research and training.

Working with Stem Cells:
Some research projects may involve the use of stem cells. Please indicate, by checking the box that you are:

☐ Comfortable with stem cells being used to advance biomedical research and not averse to working at an institution that uses stem cells for the purpose of biomedical research.

*Note: All research institutes involved with this program comply with government regulations and guidelines for stem cell research.

Student Certification / Consent:

☐ This certifies that the information I have entered on this form is complete and accurate.

☐ This certifies that my parent/guardian has consent to my participation in this CIRM SPARK.

☐ I acknowledge that I will treat as confidential all information that I may read or hear, directly or indirectly. If accepted for the RMI HS Outreach CIRM SPARK Program, I agree to conform to the rules and regulations of the Institute. I understand that I will be required to attend an orientation session and participate in activities specific to the CIRM SPARK Program. I acknowledge that either the Institute may discontinue my status at any time for any of the following reasons highlighted in the discharge policy (Pg. 7-8).

☐ If accepted for the RMI HS Outreach CIRM SPARK Program, I will attend the program in its entirety (including the conference at City of Hope), from June 19-August 9, 2017 (~8-4:30 Monday-Fridays).

☐ Please consider my application for the Cedars-Sinai Minors in Research Program if not selected for the CIRM SPARK program.

I certify that this application packet is complete and that I have read and understood it in its entirety:

______________________________________________
Signature of Applicant

______________________________________________
Date: _____________________

__________________________________________________
Printed Name
Discharge Policy Summary

1. **Dress Code**
   Specifically prohibited are casual, recreational and provocative clothing. Examples of such clothing include, but are not limited to the following:
   - T-shirts (logos, offensive language, etc.)
   - Sweat shirts or suits
   - Warm-up suits/sagging pants
   - Shorts
   - Leggings
   - Tube and tank tops
   - Bare midriffs
   - Bare-shoulder garments
   - See-through garments
   - Fishnet stockings
   - Stereo headphones
   - Clothing that is either excessively loose or excessively tight

   The wearing of denim clothing (or “jeans”) is generally not acceptable at CSMC, but is permitted in the research environment, provided that there are no holes/rips/tears and are in neat order.

2. **Confidentiality**

   Any information about a patient, visitor or another employee is strictly confidential and must be treated with the utmost discretion. No personal or healthcare information may be discussed with any person, except as necessary in the care of the patients, or in the course of business necessity. Refer to Policy entitled: “Confidentiality of Patient, Health Business and Employee Information.”

   Dissemination of any written information or document from a patient chart or any discussion of any information gained from such a document is expressly prohibited. Inquiries regarding patients and employees, or from employees, should be referred to the appropriate department Director. All inquiries from the press must be referred to Public Relations. Requests for employment information should be referred to Personnel Records. Similarly, proprietary business information of Cedars-Sinai may not be discussed or released without prior authorization and/or approval.

   Effective January 1, 2009, there is a new law in California – Senate Bill 541 (SB541) – that will require Cedars-Sinai to report to the California Department of Public Health (CDPH) any unauthorized access, disclosure or use of patient medical information. SB541 also authorizes CDPH to impose fines on hospitals for such breaches of patient privacy; fines begin at $25,000 and may run as high as $250,000.

   Also effective January 1, 2009 is a companion law to SB541 – Assembly Bill 211 (AB211). AB211 authorized the newly formed Office of Health Information Integrity (OHII) to investigate the individuals reportedly involved in unauthorized accesses, disclosures or uses of patient medical information. AB211 also authorizes OHII to fine those individuals from $25,000 for breaches of single records with more substantial fines of up to $250,000 for incidents involving the disclosure for money of patient medical information.
3. **English Proficiency and Usage**

   English is the language spoken by most of our patients, visitors, employees, vendors, and physicians. The use of a common language minimizes the possibility of confusion and helps safeguard patients. Therefore, to support safety, promote courtesy, strengthen effective communications and teamwork and enhance the comfort of our patients and visitors and to Cedars-Sinai, program participants must be able to read, write, speak and understand English sufficiently to receive and follow instructions and to communicate as necessary with staff, patients and visitors as appropriate.

4. **No Electronic Devices**

   **Purpose:** To ensure that patient safety and the right of privacy for patients and staff are maintained.

   Photographing or filming of patients or Medical Center employees (including filming through digital cell phone cameras) and voice recording of patients and Medical Center employees (“Filming/Recording”) is permitted only under specified circumstances or with the patient's or staff’s prior written consent. This policy does NOT cover Filming/Recording done at non-Medical Center sponsored events unless the Filming/Recording is done by Medical Center employees for use by the Medical Center. This policy does not cover patients’ requests for Filming/Recording or Filming/Recording of patients by family members. However, in no event shall such filming/recording be permitted if it will interfere with the Medical Center’s operations, services to its patients, or patient privacy and security.

5. **Involuntary Separation**

   Program participants are expected to behave ethically and conduct themselves in a manner consistent with Cedars-Sinai’s mission and reputation in the community. Interactions with other participants, Cedars-Sinai’s patients, visitors, staff or any other individual must be conducted with demonstrated respect, integrity and dignity.

   Failure to comply to this Discharge policy may result in termination from the program at any time, with or without notice.
Discharge Policy

In an effort to ensure you a safe, fun and enjoyable experience, our founding principles of safety, well-being, and happiness will be applied to the determination of dismissal, as maintaining a safe environment is our first priority. By reviewing and signing the Discharge Policy, you acknowledge your understanding of this policy.

It is the RMI High School CIRM SPARK Program policy to send home an intern in the following circumstances:
- Upon direct orders of a supervisor
- When administration determines that the student needs services and supervision beyond those provided by our CIRM SPARK Program and our staff.
- Requested voluntary discharge by the intern, family or legal guardian
- Upon the violation of the following:

1. **Respect**
   Students must be respectful of one another and honor each other’s’ points of view. At no time will students be allowed to threaten, intimidate, disparage, harass or discriminate against any other students participating in this event, patients, staff members or any other individuals with whom they may come in contact.

2. **Dress Code**
   Dress appropriately for the workplace. This does not mean a suit but students should not wear shorts, tank tops, sandals, t-shirts or torn/frayed clothing. Students will be going on walking tours throughout the Medical Center and should wear comfortable shoes. No open toe shoes please. Slip Resistant/ Flat shoes preferred.

   Please discuss with program coordinators regarding appropriate dress attire.

3. **Confidentiality**
   Students should be made aware of the importance of confidentiality. This means that if they inadvertently see a document or a celebrity (visitor or patient) during the course of their tours, they are not to talk about it with family, friends or others. They are not to go up and ask for autographs, take pictures or otherwise initiate conversation or contact. It is the policy of Cedars-Sinai to respect and maintain the confidentiality of all patients of the health system.

4. **English Proficiency and Usage**
   We ask that participants respect the Medical Center’s English Proficiency and Usage policy.

5. **No Electronic Devices**
   This includes but is not limited to Cell Phones, Blackberries, iPhone, iPads, tablets, digital cameras, etc. They will not be allowed on the units/floors of the medical center or while you’re in the Research Labs, unless given permission by your supervisor.

   Should a student be discharged, he gives up his position in the day CIRM SPARK Program, will not be able to participate in all activities and therefore is unable to fully complete the program.

__________________________________  ____________________________________
Parent / Guardian Printed Name       Applicant Printed Name

__________________________________  ____________________________________
Parent / Guardian Signature          Date
Cedars-Sinai - CIRM SPARK Program 2017
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

CIRM SPARK Program during the summer 2017, beginning June 20th and ending August 5th. The program consists of working 7.5 weeks/∼35 hours a week in a state of the art laboratory doing an intensive research project.

Waiver: In consideration of being permitted to participate in any way in the hereinafter called “The Activity”, I, for myself, my heirs, personal representatives or assigns, do hereby:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the program and/or the activities and that I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. Fully understand the Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

3. I hereby release, waive, discharge, and covenant not to sue Cedars-Sinai, its officers, employees, and agents from liability from any and all claims including the negligence of Cedars-Sinai Regenerative Medicine Institute, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Cedars-Sinai’s HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

____________________________________________________
Signature of Parent/Guardian of Minor Date

___________________________________________________
Signature of Participant Date
EDUCATIONAL FIELD TRIP PERMISSION SLIP

Dear Parent or Guardian:

An educational field trip has been scheduled for your child’s as a commitment for the CIRM Spark Program. CSMC policy requires each student to have advance written permission to go on a field trip. **Students who do not have prior written permission will not be able to participate in the program.**

Please complete this form and submit with the application

Thank you.

Program: **CIRM Spark Program**
Date: **August 7-9, 2017**
Destination: **City of Hope, Los Angeles CA**

Travel information will be provided at a later date. Transportation, lodging fees and meals will be provided on the trip.

I have read the information above and give my permission for

__________________________________________

(student’s name)

from Cedars-Sinai Medical Center to attend the CIRM Spark Conference. I understand that my child will be traveling between CSMC and City of Hope, and that an overnight stay may be required.

Signed: __________________________________

Parent/guardian

Parent phone number: ____________________________

Parent email address: ____________________________
PERSONAL INFORMATION:

Last Name  First Name  Middle Name

Street Address

City  State  ZIP

Phone 1  Phone 2  Email

Medical Record Number (if known)  Date of Birth

CONSENT FOR PHOTOGRAPHY, FILMING OR VOCAL RECORDING

I hereby consent to have my image, likeness and/or voice recorded or captured.

I understand that these recordings may be used by Cedars-Sinai, my caregivers, the news media or other general media for the purposes of communications, marketing, medical education and/or other purposes including ____________________________.

I agree the photos or images specified above become the property of Cedars-Sinai or its representatives and I waive the right to inspect or approve such work. I agree this consent is given without promise of compensation. I further agree to release to Cedars-Sinai from any right, title and/or interest of any kind it may have in the information or images produced and any direct/indirect remuneration to Cedars-Sinai. I agree to release and forever discharge Cedars-Sinai, its directors, officers, agents, representatives, employees, physician(s) or any other person participating in my care from any and all claims arising out of or in connection with the use of said information, including but not limited to any claims for invasion of privacy, right to publicity or defamation.

This consent does not cover the use/disclosure of health information. Use/disclosure of health information is addressed in a separate authorization. By signing below, I agree to the use or disclosure any personal likeness information specified in this consent form.

Signature of Patient, Parent, Legal Guardian or Representative  Date

☐  Patient (or subject of photography/video/recording)  ☐  Parent, Legal Guardian or Representative

FOR CEDARS-SINAI USE ONLY

Name of Marketing/Communications representative who oversaw completion of this form:

Name of Representative  Date Form Completed

13  Director: Virginia Mattis
    Administrators: Laura DeZell and Nathalie Balingit
    Email: groupmhsoutreachprogram@cshs.org
    Phone Number: (310)248-8552
    Website: http://www.cedars-sinai.edu/RMI
    Facebook: http://www.facebook.com/CSMC.RMI
    Instagram: @RMI_CIRMSPARK
Parent Affirmation of Completeness and Accuracy of Application

I hereby affirm that the information provided within the completed application is complete and accurate to the best of my/our knowledge. I give consent for my applicant to attend the RMI CIRM Spark Program for 7.5 weeks and to participate in all programs activities & commitments. I have read and understand all policies of this application.

___________________________
Parent/ Guardian Printed Name

___________________________
Applicant Printed Name

___________________________
Parent / Guardian Signature

Date
Essay Prompt:

In 500 words or less, please tell the selection committee why you are interested in attending the 2017 CIRM SPARK sponsored summer research program at CSMC. Include what you hope to gain from this experience, your future career ambitions, how you think this program will help you in the future, and why you should be selected to attend this program.
Recommendation Form

Please complete this recommendation form and return it to the applicant or to grouprmihsoutreachprogram@cshs.org by 5pm on April 4th (if by email, please include applicant's name and “CIRM SPARK Program” in the subject line)

Applicant’s Name (please print): _________________________________________________________
Name of Evaluator: ___________________________________________________________________
Evaluator’s Title: _____________________________
Institution: __________________________________________
Address: ____________________________________________________________________________
Telephone: __________________________
Email: __________________________________________

How long have you known the applicant? ___________________
In what capacity? ______________________________________

Please place check marks in the boxes that represent your evaluation of the applicant.

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<th>Below Average</th>
<th>Average</th>
<th>Excellent</th>
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In an attached letter (not to exceed 1 page) please provide additional comments that will help us to assess this applicant. Areas that might be addressed include:

- The benefits you feel the applicant would receive from this program and what he or she might contribute
- Personal qualities of the applicant that might particularly recommend him or her for this program
- Any necessary explanation, if the student’s academic record does not seem to accurately reflect his or her abilities.

Signature: ________________________________________________ Date: __________________
**Recommendation Form**

Please complete this recommendation form and return it to the applicant or to grouprmihsooutreachprogram@cshs.org by 5pm on April 4th (if by email, please include applicant’s name and “CIRM SPARK Program” in the subject line)

Applicant’s Name (please print): ______________________________________________________

Name of Evaluator: ___________________________________________________________________

Evaluator’s Title: ___________________________________________________________________

Institution: ______________________________

Address: _______________________________________________________________

Telephone: __________________________ Email: ____________________________________________

How long have you known the applicant? ___________________

In what capacity? ___________________________________________________________________

Please place check marks in the boxes that represent your evaluation of the applicant.

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<td>Dependability</td>
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<td>Self-confidence</td>
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<td>Disciplined work habits</td>
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**In an attached letter (not to exceed 1 page)** please provide additional comments that will help us to assess this applicant. Areas that might be addressed include:

- The benefits you feel the applicant would receive from this program and what he or she might contribute
- Personal qualities of the applicant that might particularly recommend him or her for this program
- Any necessary explanation, if the student’s academic record does not seem to accurately reflect his or her abilities.

Signature: _____________________________________________ Date: ____________________