



# Alain Colaço Memorial Scholarship

## Summer 2025 Program Application

This Alain Colaço Memorial Scholarship Summer Program lasts about 8 weeks, generally June until early August (flexible depending on school break timing). It is based in the clinical laboratory at Children’s National Hospital (111 Michigan Ave NW, Washington, DC 20010). Students get a chance to learn about medical laboratory testing, shadow physicians in the fields of pathology and pediatric hematology and participate in research projects within the division. About five pathologists and hematologists are involved with the summer program. A stipend is provided as part of the program. Participation in the program is contingent on successful hospital on-boarding, which includes a background check and clearance by the occupational health program.

Timeline for the application process:

Early 2025: Application form is available. The completed application packet consists of the application form with:

- o Recent school transcript
- o Letter of recommendation from science teacher
- o Statement of interest from the candidate

Applications will be accepted until end of business hours on **Friday, March 28, 2025.**

Interviews will be conducted during the month of April 2025.

Any questions can be directed to Dr. Cyril Jacquot, [cjacquot@childrensnational.org](mailto:cjacquot@childrensnational.org).

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

### High School Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_ GPA: \_\_\_\_\_

Attended From: \_\_\_\_\_ To: \_\_\_\_\_

List Science Courses: \_\_\_\_\_  
\_\_\_\_\_

**Please attach high school transcript.**

### Reference/Letter of Recommendation

Please list one recommendation letter writer to comment on both the student's scholarship and character. They should directly send their letter to Dr. Cyril Jacquot at [cjacquot@childrensnational.org](mailto:cjacquot@childrensnational.org) or by mail to Department of Laboratory Medicine, Children's National Hospital, 111 Michigan Ave NW, Washington, DC 20010.

Full Name: \_\_\_\_\_ Courses Taught: \_\_\_\_\_

High School: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Personal Statement

Please attach a personal statement, in which you highlight past experiences in the scientific/medical fields and explain why you wish to participate in this summer program. You may also describe future career goals. **The personal statement is limited to 2 pages.**

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to acceptance into the program, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_