

SummerScience@Jefferson

June 22 – July 20

2026 APPLICATION | DEADLINE: MAY 29, 2026

2026 SummerScience@Jefferson sessions will be held entirely online

CONTACT INFORMATION

Name			
Street Address			
City, State, Zip Code			
Home Phone			
Cell Phone			
Email Address			
Gender			
Racial/Ethnic Background (check as many as applicable)	Black/African-American Native Hawaiian Other:	American Indian/Alaskan Native Hispanic/Latino	White Asian

HIGH SCHOOL INFORMATION

In September 2026, I will be a:	Junior	Sophomore	Senior
Name of High School			
Street Address			
City, State, Zip Code			

How did you hear about the SummerScience@Jefferson program?

Do you have a family member who is an employee, student or physician at Thomas Jefferson University or Jefferson Health? Yes No
If yes, please list name and department.

PARENT/GUARDIAN CONTACT INFORMATION

Name			
Street Address			
City, State, Zip Code			
Home/Work Phone			
Email Address			

SummerScience@Jefferson

June 22 – July 20

APPLICATION REQUIREMENTS

THE FOLLOWING ITEMS WILL BE REQUIRED IN ORDER TO SUBMIT AN APPLICATION.

NOTE: APPLICATIONS THAT DO NOT HAVE THE REQUIRED DOCUMENTS BY THE DEADLINE DATE WILL BE CONSIDERED INCOMPLETE.

- Completed applications and supporting documents must be submitted by **Friday, May 29, 2026** for review. Accepted students will be notified by *Monday, June 1, 2026* of their acceptance.
- Personal Statement (approximately 250–500 words) telling us about yourself and explaining why you are interested in the biomedical sciences, the SummerScience@Jefferson program, and how the program will support your academic aspirations and career interests.
- High School Transcripts or most recent Report Card
- Recommendation Letter: Please submit the attached recommendation form addressing your academic ability and commitment from a current science teacher, coach, club advisor, school administrator, or other adult who knows about your work ethic and achievements. You may not ask a family member or friend to write a recommendation for you.
- After acceptance, you will receive a lab kit, which will be mailed to the home address on the application.
- **The Program Fee of \$650 is due by June 8, 2026, AFTER acceptance to the program.** For convenience, you can click on the link to make your credit card payment: jefferson.catalog.instructure.com/courses/summerscience
- *Incomplete and late applications will not be considered.*

Email completed applications to: Waliya Moton-Muhammad at walia.moton@jefferson.edu

SummerScience@Jefferson

June 22 – July 20

LETTER OF RECOMMENDATION FORM

All information on the application must be typed or printed neatly. Please email to the contact information above.

Student: Last _____ First _____ MI _____

Name of Recommender: _____ Phone: _____

Position/Title: _____ Email address: _____

Name of School and Address: _____

1.) How long have you known this student and in what context?

2.) How would you describe this student?

3.) Please comment on the student's personal qualities, particularly in regard to character, integrity, values, and peer relationships.

4.) Indicate by a ✓ your ratings of this student in terms of academic skills and potential, compared to other college-bound students.

No Basis	Characteristics	Below Average	Average	Good	Very Good	Excellent	One of the Top Few
	Creativity, originality						
	Motivation						
	Independence, initiative						
	Intellectual ability						
	Academic achievement						
	Written expression of ideas						
	Effective class discussion						
	Disciplined work ethic						
	Potential for growth						
	Character						
	SUMMARY EVALUATION						

SummerScience@Jefferson

June 22– July 20

LETTER OF RECOMMENDATION FORM

Continued

5.) Additional Comments

SummerScience@Jefferson

June 22 – July 20

PERSONAL STATEMENT

Begin your statement (approximately 250–500 words) telling us about yourself and explaining why you are interested in the biomedical sciences and the SummerScience@Jefferson program. The essay should also include your future career and educational goals.

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June 22 – July 20

AGREEMENT FORM

By submitting this application, you agree to attend **all** scheduled sessions and complete the required research project during the 4-week program period if you are admitted as a SummerScience@Jefferson Participant. In addition, all information presented here is true to the best of your knowledge. You also agree to waive your right to examine your recommendation letters.

Student Signature _____ Date _____

Parent/Guardian Authorization and Release

I understand that my child is applying for a 4-week summer science program ("Summer Science Program") at Thomas Jefferson University ("Jefferson") from June 22 –July 20, 2026. I give permission for my child,

_____, to apply, attend, and participate in the Summer Science Program. In addition, I hereby authorize Jefferson and any of its authorized employees, contractors, affiliates or agents to photograph my child during his/her/their participation in the Summer Science Program, including without limitations photographs of their online/virtual or in-person participation and any background included in such photographs. I hereby authorize Jefferson, its employees, agents, successor, assigns, and those acting with its permission or on its behalf, the right and permission to use copyright, publish, republish, and distribute any such photographs/images and any final presentation, report, or research project submitted by my child as part of the Summer Science Program, in whole or in part, in any manner and in any media. I understand that use may include, but not be limited to, reproductions of the photos/images as well as reproductions of my child's final presentation, report or research project on the web, in media, in any printed or electronic materials, and for any efforts publicizing, promoting or otherwise related to Jefferson or its programs. I waive any right that I or my child may have to inspect or approve the finished products or materials containing my child's image, likeness or their work including but not limited to their final presentation, report and/or research project.

I have read the foregoing Authorization and Release and warrant that I fully understand its contents and acknowledge that I am signing it voluntarily on behalf of myself and my child.

Parent/Guardian Signature _____ Date _____

Parent Print Name _____

Please note that SummerScience@Jefferson virtual session will NOT be held on Friday, July 3rd in observance of the 4th of July Holiday.