

## THE HWCOCM SUMMER RESEARCH FELLOWSHIP AWARD

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The Florida International University Herbert Wertheim College of Medicine (HWCOCM) Scholarship Program is pleased to offer the HWCOCM Summer Research Fellowship Award. The fellowship funding for this program is being provided by the generous donation from the HERA Foundation to advance the mission of the College in research educational programming and success of our students in research endeavors. The purpose of this fellowship award is to support the selected participants that successfully complete the HWCOCM Summer Research Fellowship Program and matriculate into HWCOCM for the upcoming academic year as first year medical students.

The FIU Herbert Wertheim College of Medicine was built on the need for the next generation of physicians to be socially conscious, community based, and expertly trained. We are working boldly to create not just great physicians, but also community leaders who think holistically, globally, and locally. The College's Scholarship Program is critically important to provide deserving medical students with the necessary financial assistance to enable their 21<sup>st</sup> century medical education. Building a strong, supportive scholarship program in partnership with generous philanthropic benefactors will make a meaningful difference in the lives of our students, allowing them to excel and transform the future of health care. The scholarship program will strive to advance our *Next Horizon* vision and secure the future success of the Herbert Wertheim College of Medicine.

### CRITERIA

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- Applicants must be currently admitted medical students.
- Applicants must be selected to participate in the HWCOCM Summer Research Fellowship Program and successfully complete all requirements.
- Applicants must be enrolled in the first year Spring semester and be in good academic and professional standing.
- Applicants must submit an abstract summarizing their summer research experience (not to exceed one page, size 12 font, with your name in top right corner) upon completion of the program.

### DEADLINE

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- **Submission of the abstract is due by November 1, 2022**

### APPLICATION PROCESS

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- Please return **the completed fellowship application and abstract** by email as one PDF attachment to: [medfin@fiu.edu](mailto:medfin@fiu.edu).
- Applicants will be notified of their award by email and an award acceptance letter.
- If you are offered a scholarship, you are **required** to submit the signed award acceptance letter and thank you note before funds will be applied to your account.

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For more information on the scholarship program please contact the Herbert Wertheim College of Medicine Office of Financial Aid by email at [medfin@fiu.edu](mailto:medfin@fiu.edu) or call (305) 348-0644.

**THE HWCOCM SUMMER RESEARCH FELLOWSHIP AWARD**

**2022 SUMMER APPLICATION**

**STUDENT INFORMATION**

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Name: \_\_\_\_\_ Panther ID# \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Number and Street) (City) (State) (Zip)

FIU E-Mail: \_\_\_\_\_ Contact Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Residency Status:  In-State  Out-of-State

Requirements:  Successful completion of the HWCOCM Summer Research Scholarship Program  
 One page abstract

**SCHOLARSHIP RECIPIENT REQUIREMENTS (SCHOLARSHIP DONOR STEWARDSHIP)**

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- Selected recipient will write two typed, signed thank you letters, addressed to Dr. Juan Cendan and the HERA Foundation, sharing what it means to you to be honored with this research experience and award. This must be submitted with the Award Acceptance Letter, unsealed.
- Selected recipients will be asked to participate in Herbert Wertheim College of Medicine scholarship events and other activities which connect current and future philanthropic donors with scholarship recipients and promotes a successful Scholarship Donor Stewardship program.

**STUDENT AUTHORIZATION**

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May we publicly announce your name if you are a recipient?  Yes  No

May we publicly release your photo if you are a recipient?  Yes  No

I authorize the release of this application and any relevant supporting information to persons involved in the selection of scholarship recipients.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**