

**Lanterman Vascular Surgery Student Research Program Northwestern University Feinberg School of Medicine**

**Application Deadline:** March 2, 2026

**PERSONAL DATA**

**First Name:**

Click or tap here to enter text.

**Last Name:**

Click or tap here to enter text.

**Middle Initial** Click or tap here to enter text.

**Mailing Address:** Number and street **City State Zip Code**

Click or tap here to enter text.

**E-mail address:**

Click or tap here to enter text.

**Cell Phone:**

Click or tap here to enter text.

Permanent address: c/o Name

Click or tap here to enter text.

Permanent phone:

Click or tap here to enter text.

**Number and street City State Zip Code**

Click or tap here to enter text.

**Date of birth**

Click or tap to enter a date.

**Citizenship status**

Choose an item.

*If non-U.S. Citizen please provide Visa Type*.

**EDUCATION**

**DATES ATTENDED**

**DEGREE CONFERRED**

**Institution(s)** (*include complete name and locatio*n)

From (Mo/Yr)

To (Mo/Yr)

Type

Date

**Undergraduate**

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap to enter a date.

**Graduate school** (if applicable) Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap to enter a date.

**Medical school** (if applicable) Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap to enter a date.

**Osteopathic school** (if applicable) Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap to enter a date.

**Other**

Click or tap here to enter text.

Click or tap to enter a date.

Click or tap to enter a date.

Click or tap here to enter text.

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**Have you ever been convicted of a felony?** ☐ YES

*If yes, please explain on a separate sheet of paper.*

* NO

**The information provided in this application is current and complete to the best of my knowledge.**

**Signature:**

**Date:** Click or tap to enter a date.

* **Return application, CV/resume, and personal statement via email to** **marsha.blunt@nm.org****.**

For additional information, please contact: Marsha Blunt, Division of Vascular Surgery, Telephone: (312) 926-7775

**CURRICULUM VITAE**

* **Please enclose a copy of your current resume/curriculum vitae.**
	+ This should include a list of your scientific publications (published and in preparation), if any; memberships in honorary, scientific, and professional societies; military status and any military experience; and all prior research experience (including the names of all prior mentors).

**PERSONAL STATEMENT**

* On a separate sheet of paper, please provide a 1-2-page autobiographical statement that explains your interest in surgical research. Your statement should include:
1. A brief description of your career path to date, explaining any gaps in training.
2. Any prior research experience.
3. Statement of why you want to pursue a research training experience and what you hope to gain from this program.
4. Description of the research you would like to pursue and why.
5. Statement of who your mentor will be, and why. If you have not identified a mentor, list potential mentors and why they would be relevant to your research interests and career goals.
6. Your short-term AND long-term career goals.

\*Please use an 11 point Arial font and be sure your full name appears on each page.

**If selected, please provide the date you would be available to start the program.**

Click or tap to enter a date.