**Instructions:**

Please type or print legibly in ink. Each part should be answered completely and accurately. If a question is not applicable, enter “N/A”. An incomplete application may delay action or disqualify you.

The following documents are required to complete your application:

**Application Form.** The application deadline is March 2, 2026.

**Current Curriculum Vitae**

Your CV should include a list of your scientific publications (published and/or in preparation); 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**

**Letters of Recommendation**

Please provide the names of two (2) references, including that of your current advisor or Dean if currently enrolled.

* + - * Include the referee’s full name and complete institutional address.
* Currently enrolled students must also provide a letter from their Dean stating that they are: (1) In good standing, and (2) have been approved for a year of full-time research.
* Referee’s should send their letters of recommendation directly to [marsha.blunt@nm.org](mailto:marsha.blunt@nm.org;%20mark.eskandari@nm.org). It is the applicant’s responsibility to request letters of recommendation.

All documents can be sent via email, which is the preferred submission mode.

The application, personal statement, and CV must be returned as three separate PDF documents.

Applications sent via secured (USPS, FedEx, etc.) mail must be postmarked by March 2, 2026 and addressed to:

Marsha Blunt, WHP Program Coordinator

Northwestern Medicine, Division of Vascular Surgery

676 N. St. Clair St., Ste. 650

Chicago, IL 60611

**Personal Information**

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|  | |  | | |  |
| Family Name (Surname)  Click or tap here to enter text. | | First Name  Click or tap here to enter text. | | | Middle Initial  Click or tap here to enter text. |
| Mailing Address  Click or tap here to enter text. | | | | | |
| Home Phone  Click or tap here to enter text. | | Cell Phone  Click or tap here to enter text. | | | Primary Email Address  Click or tap here to enter text. |
| Permanent Address  Click or tap here to enter text. | | | | Secondary Email Address  Click or tap here to enter text. | |
| Are you a U.S. Citizen?  YES NO | Date and Place of Birth  Choose a building block. | | If not a U.S. citizen, type of Visa  Click or tap here to enter text. | | Visa Number  Click or tap here to enter text. |
| Have you ever been convicted of a felony? YES NO  *If yes, please explain on a separate sheet of paper.* | | | | | |

**Name Title Institution, City, State**

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**EDUCATION**

**UNDERGRADUATE EDUCATION**

School & Education Major Area of Study Degree Date Awarded

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**GRADUATE SCHOOL** (*if applicable*)

School & Education Major Area of Study Degree Date Awarded

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**MEDICAL SCHOOL (***if applicable*)

Medical Center & Location Specialty Started Completed

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**OTHER MEDICAL EXPERIENCE/TRAINING**

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| **Availability:**  *If selected, are you available to start the WHP-Vascular Surgery Student Research program on July 1, 2026?*YES  NO  *If not available July 1, when are you available to start the training program*?  Click or tap to enter a date. |

***To the best of my knowledge, the information I have provided in this application is current and complete.***

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**Signature** **Date**