



CHARLES AND MURIEL KORNHEISER CLINICAL
SCHOLAR PROGRAM APPLICATION 2026-2027

Tel: 833-CSP-SFH4 (833-277-7344)

Submission Instructions: Please send ALL application materials to SFHscholarsprogram@chsli.org with the subject field as: "Last Name,First Name_CSP2026" by February 1, 2026.

Include all the following documents (acceptable formats) as an attachment in the e-mail:

- ☐ Application (PDF)
- ☐ Resume/CV (PDF or word)
- ☐ Unofficial copy of your transcript (PDF)
- ☐ Essay (PDF or Word)

For questions about the application, email SFHscholarsprogram@chsli.org.

PERSONAL INFORMATION

First Name _____ Last Name _____

Middle Initial _____ Preferred/Alternate Name _____

Mailing Address: _____

Street Address

Apartment/Unit #

City/ Town

State

Zip Code

Phone: _____ Email: _____

Sex: Male Female Decline to answer

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B, TN, etc.) to work for St. Francis Hospital? Y N

Race: How do you self-identify? Please mark all that apply:

American Indian/Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander
Other White

Ethnicity: Are you of Hispanic, Latino or Spanish origin?

Yes, Cuban

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, another Hispanic, Latino, or Spanish Origin

Please specify. _____

No, not of Hispanic, Latino, or Spanish Origin

Do you consider yourself an underrepresented minority in the medical field? (1000 characters limit) Y N

Please explain:

ACADEMIC HISTORY

Please state your complete education history begin with most recent:

College and Universities Attended:

Name of School: _____ Location: _____

Major: _____ Major: _____ Cumulative GPA: _____

Minor: _____ Minor: _____

Degree earned or planning to obtain a degree from this college or university? Y N

If yes, Degree awarded

Degree in Progress

Type of degree earned/ planning to earn? _____

Date degree was received/ will be received? _____

Name of School: _____ Location: _____

Major: _____ Major: _____ Cumulative GPA: _____

Minor: _____ Minor: _____

Degree earned or planning to obtain a degree from this college or university? Y N

 If yes, Degree awarded Degree in Progress

Type of degree earned/ planning to earn? _____

Date degree was received/ will be received? _____

Name of School: _____ Location: _____

Major: _____ Major: _____ Cumulative GPA: _____

Minor: _____ Minor: _____

Degree earned or planning to obtain a degree from this college or university? Y N

 If yes, Degree awarded Degree in Progress

Type of degree earned/ planning to earn? _____

Date degree was received/ will be received? _____

Were you subjected to any institutional action by a high school, college or medical school for academic performance or conduct violation, even if such action did not interrupt enrollment? Y N

If yes, please explain (800 characters limit):

How did you hear about the Charles and Muriel Kornheiser Clinical Scholars Program at St. Francis Hospital?

Family/ friend College Web page_____ Other_____

ESSAY

Submit ONE essay which incorporates at least 3 of the following prompts. (6000 characters limit)

- What motivates you to pursue clinical research at SFH?
- What do you hope to gain from SFH Clinical Scholars Program?
- Discuss your educational goals and your career aspirations?
- Why do you want to participate in SFH Clinical Scholars program?
- How do you anticipate SFH Clinical Scholars Program contributing to your career path?
- Why should you be chosen to participate in SFH Clinical Scholars Program?
- What aspects of clinical research interest you?
- Describe research positions you have held if any.

DOCUMENTS

Additional Requirements:

- Resume/CV
- Unofficial copy of college transcript (SFH CSP reserves the right to request an official transcript prior to matriculation into the program).
- Two/three letters of recommendation
 - Reference contacts may come from significant academic, work, personal, and/or volunteer experiences

Contact information for references:

Provide email and phone contact information of references.

Upon receipt of your application, the CSP Admissions Committee will reach out to your references (from the email address SFHscholarsprogram@chsli.org) with instructions for completing and uploading your letter.

Please note that that we will request all references be submitted 2 weeks after the close of the application cycle.

1) Name: _____

Title/ Organization: _____

Email: _____ Phone: _____

2) Name: _____

Title/ Organization: _____

Email: _____ Phone: _____

3) Name: _____

Title/ Organization: _____

Email: _____ Phone: _____

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

By printing your name below, this documents your signature.

Print your name: _____ Date: _____

CHECKLIST:

- ☐ Application
- ☐ Resume/CV
- ☐ Unofficial copy of your transcript
- ☐ Essay
- ☐ Contact information for references