



BROADRIDGE CLINICAL SCHOLARS PROGRAM

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"

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 academic history beginning with most recent school attended. To participate in the Broadridge Clinical Scholars Program you must be a student or recent alumni from the New York Institute of Technology.

**College and Universities Attended:**

*New York Institute of Technology, Old Westbury, NY*

Major: \_\_\_\_\_ Major: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Minor: \_\_\_\_\_ Minor: \_\_\_\_\_

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

Degree awarded

Degree in Progress

Type of degree earned/planning to earn? \_\_\_\_\_

Date degree was received/will be received? \_\_\_\_\_

*Additional Schools 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? \_\_\_\_\_

\*\*\*\*\*

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 Broadridge 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: \_\_\_\_\_