Rochester Institute of Technology

Office of Career Services and Cooperative Education

Atlantis Fellowship Application

Summer 2023

May 20th – June 9th

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Rochester Institute of Technology

Office of Career Services and Cooperative Education

Bausch & Lomb Center

57 Lomb Memorial Drive

Rochester, NY 14623

Rochester Institute of Technology

Office of Career Services and
Cooperative Education

**Atlantis Fellowship Checklist**

Thank you for your interest in Atlantis Fellowship Program.

Return completed application to Maria Richart: The Office of Career Services, Bausch and Lomb Center, first floor, or email to mjroce@rit.edu.

You are eligible to apply if you meet the following conditions:

* Be at least 18 when your program begins.
* Be at least a first-year student in college/university.
* Be in good standing with a GPA of 2.5 or higher.
* Be enrolled in any degree program on a path leading to a health-related career.
* Have not graduated from college/university before December 2022, unless (1) you are currently in another health-related degree program; (2) you are in an experience that leads to another health-related degree; or (3) you just want to participate in the language and culture part of the program.

**Important Dates to remember:**

* Program Fee: $4,799 (includes housing)
* Application Deadline: January 17, 2023
* On-campus Interviews: January 26/27
* Notification of Acceptance no later than the first week of February
* Deposit to secure your acceptance into the program on February 10, 2023
* Final Payment due March 2023

Retain this sheet for your files.

Rochester Institute of Technology

Office of Career Services and
Cooperative Education

Atlantis Fellowship International Experience Application Form

**Contact Information**

Full Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RIT ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RIT Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information**

Gender: \_\_\_\_\_\_ Male / \_\_\_\_\_\_Female Date of Birth (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Contact Information**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please check this box to give us permission to send program information to your parent or guardian.

**Academic Information**

Major/Areas of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current GPA: \_\_\_\_\_\_\_\_\_\_

Current Year Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Information**

 3 weeks - $4,799

**Passport Information**

Passport #: ­­­\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a passport, have you applied? Date: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Statement**

Please write a brief personal statement of why you are interested in the Atlantis Fellowship. How would participation help you fulfill your goals and enhance your medical school application?

 (100 - 300 words)

**Applicant’s General State of Health:**

\_\_\_­­\_Excellent \_\_\_\_Good \_\_\_\_Fair \_\_\_\_Poor

1. To the best of your knowledge, do you have any health problems that would prevents you from taking part in this international experience program? If Yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have any chronic ailment that requires special consideration, treatment or medication? If so, please list any regular medications below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student Signature

**Applicant’s General State of Health:**

\_\_\_­­\_Excellent \_\_\_\_Good \_\_\_\_Fair \_\_\_\_Poor

1. To the best of your knowledge, do you have any health problems that would prevents you from taking part in this international experience program? If Yes, please explain:

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Student Signature