



The Kristyna M. Driehaus  
*foundation*

## **Regina's Hope Medical Program Regina's Hope Application**

### **I. BASIC APPLICANT REQUIREMENTS:**

- ◆ Czech citizen
- ◆ Enrolled in a medical program (completion of the 5<sup>th</sup> year is preferred)
- ◆ English fluency
- ◆ Able to receive U.S.A. visa

### **II. APPLICATION MATERIALS:**

- ◆ Please fill out in black pen or typed
- ◆ Your name and birthdate needs to be stated on each page (top right header)
- ◆ If you need more room to write for any question, please attach another sheet of paper  
Include your name and date of birth at the top right corner of any attachment
- ◆ You may download this application from the [www.thekmdfoundation.org](http://www.thekmdfoundation.org) website  
and type directly into the document
- ◆ The application has 4 main components: Personal and Academic Information, Short  
Answer Questions, Essay Questions, and Letters of Recommendation

### **III. LETTERS OF RECOMMENDATION INSTRUCTIONS:**

- ◆ Please include 2 letters of recommendation from your professors or academic  
advisors
- ◆ Letters may be written in English or Czech
- ◆ Letters must be mailed in sealed envelopes (seal signed by your professor/advisor) or  
e-mailed from the professors' e-mail addresses
- ◆ Please provide your professor or academic advisor with the Foundation's contact  
information in case s/he has any questions

### **IV. SUBMISSION INSTRUCTIONS:**

- ◆ All application materials must be received in Chicago by January 31<sup>st</sup>.
- ◆ You may use postal mail, fax or e-mail (e-mail is preferred)

The Kristyna M. Driehaus Foundation  
1109 Central Road,  
Glenview, IL 60025  
U.S.A

Phone: 1-312-335-1916

Fax: 1-312-335-1926

Email: [info@thekmdfoundation.org](mailto:info@thekmdfoundation.org) (include "Regina's Hope" in the subject)

### **V. PROGRAM DEADLINES\*:**

**Applicant Name:**  
**Applicant Date of Birth:**

- ◆ December 20: applications are accepted
- ◆ **January 31: applications due**
- ◆ February 15-25: in person interviews scheduled with selected students
- ◆ March 1: announce acceptance decision
- ◆ March 7: students confirm acceptance
- ◆ April 1: students submit application/registration materials to Northwestern University
- ◆ July 30: clerkship training begins

\*Except for the January 31<sup>st</sup> deadline, all dates are subject to change

**VI. OTHER INSTRUCTIONS:**

Students accepted into the Regina's Hope program will be asked to complete a formal registration required for all visiting students by Northwestern University Feinberg School of Medicine. This process will include a review of academic records and vaccination history. Students will also be required to apply for a U.S. student visa. Further information will be provided upon acceptance into Regina's Hope program.

**If you have any questions contact us at [info@thekmdfoundation.org](mailto:info@thekmdfoundation.org)**

Applicant Name:  
Applicant Date of Birth:



**Regina's Hope Medical Program**  
**Regina's Hope Application**  
**Pediatric Hematology/Oncology Clerkship**  
Application date \_\_\_\_\_

**I. Personal and Academic Information**

1. Name \_\_\_\_\_

2. Current Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Mailing Address  
(if other than current address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Phone \_\_\_\_\_

5. E-mail Address \_\_\_\_\_

6. Date of Birth (dd/mm/yyyy) \_\_\_\_\_

7. Name of school and department currently enrolled in \_\_\_\_\_  
\_\_\_\_\_

8. Year in current program \_\_\_\_\_

9. Specialization (if applicable) \_\_\_\_\_

10. Grade Point Average \_\_\_\_\_

11. Years studying English \_\_\_\_\_

**12. List previous schools attended in chronological order and degrees earned**

Name of School	City	Years Attended	Degrees earned (leave blank if none)

Applicant Name:  
Applicant Date of Birth:

**13. List all work or internship positions you have held**

Company/Program Name	City	Position	Years

**14. List all extracurricular and volunteer positions you have held**

Company/Program Name	City	Position	Years

**II. Letters of Recommendation**

List two individuals that you plan to request letters of recommendation from

**Name#1**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Mailing Address**

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

**Phone**

\_\_\_\_\_

**E-mail Address**

\_\_\_\_\_

**Name#2**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Mailing Address**

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

**Phone**

\_\_\_\_\_

**E-mail Address**

\_\_\_\_\_

Applicant Name:  
Applicant Date of Birth:

### **III. Short Answer Questions**

**1. What does the term “doctor-patient relationship” mean to you? Please describe circumstances in which you were involved that illustrate your perception of a positive and/or negative doctor-patient relationship.**

**2. Consider this scenario: A physician is taking care of a seriously ill child who has a rare form of leukemia. After careful consultation with experts in the field, the physician determines that the child has 6 months to live without treatment or he/she may undergo a painful treatment with only a 10% chance of cure. The physician makes the assumption that the child’s parents, who are not clinically trained, are not capable of making a medical decision of such importance and should not be unnecessarily burdened with this difficult life or death choice. Therefore, the physician makes the decision without consulting the patient’s parents. Do you agree or disagree with the physician’s reasoning?**

**Applicant Name:**  
**Applicant Date of Birth:**

**3. In your opinion, what are the current challenges, if any, to the health care system in the Czech Republic and how should they be solved?**

**IV. Essay Question (500-1000 words)**

**Please describe your reasons for applying to the Regina's Hope Medical Program and what you hope to gain out of this experience.**