

LAPS Eve and Gene Black Summer Medical Career Program Application 2026

PLEASE NOTE: This application must be completed in one sitting. Answers cannot be saved. LAPS recommends that prior to beginning, you review the sample application found on the LAPS website under Eve and Gene Black Summer Program tab and the application instructions for the following application sections:

1. 3 essays questions
2. Letter(s) of Recommendation
3. Extracurricular Activities AND Honors/Awards

SUBMISSION DEADLINE: Friday, February 13, 2026 at midnight (PST)

* Indicates required question

1. Email *

Personal & Contact Information

2. First Name *

3. Last Name *

4. Date of birth *

(Must be 16 years or older to apply **AND** currently in 11 or 12th grade)

For Children's Hospital (CHLA) in-person program, you must be 17 by the start of the program.

Cedars-Sinai in-person program, you must be 18 by the start of the program.

Example: January 7, 2019

5. Street Address 1 *

Applicants must live within Los Angeles County or its adjacent counties

6. Street Address 2

Applicants must live within Los Angeles County or its adjacent counties

7. City *

Applicants must live within Los Angeles County or its adjacent counties

8. Zip Code *

Applicants must live within Los Angeles County or its adjacent counties

9. Email Address - **NO SCHOOL EMAILS**- must be personal email address. *We highly suggest that you create a gmail, yahoo, etc. account to ensure that you receive **all emails** from LAPS. (School email servers have rejected our emails in the past).* *

10. Additional email address (if you wish to have second email listed)

11. Your cell phone number *

XXX-XXX-XXXX

12. Parent cell phone or home number *

xxx-xxx-xxxx

13. Parent email address *

14. Did you apply last year? *

Mark only one oval.

Yes

No

15. Current grade level at time of application *

16. High School Name *

17. High School City *

18. Career Advisor/Counselor name *

19. Career Advisor/Counselor email address *

Session Preferences

20. Which type of program(s) are you interested in being considered for? *

Mark only one oval.

In-person only *Skip to question 21*

On-line only *Skip to question 23*

Both

In-Person Program Choices

Please refer to Facility Address and Requirement list on website for number of weeks, dates and locations of all options. If selected to participate, you must be available for ALL of the dates that your chosen facility is hosting this internship - no days off, no exceptions. Every participant is responsible for their own daily transportation to & from their selected facility. Note that most facilities require you to complete an IN-PERSON orientation and/or certain clearance requirements (e.g. TB tests, immunizations) prior to the summer.

You may select up to 2 options. However, your application will ONLY be sent to your 2nd choice if there is a need for more applications or if your 1st choice withdraws their program.
(Facilities, dates and requirements are subject to change.)

21. Attestation: I confirm that I have read the Facility Address and Requirement list, am aware of * the location of each of my choices, meet the age requirements and have daily transportation to the location(s) during the program dates as well as transportation to required in-person clearance and/or orientation activities prior to the summer.

Check all that apply.

Yes

In-Person Program Choices

Please refer to Facility Address and Requirement list on website for number of weeks, dates and locations of all options. If selected to participate, you must be available for ALL of the dates that your chosen facility is hosting this internship - no days off, no exceptions. Every participant is responsible for their own daily transportation to & from their selected facility. Note that most facilities require you to complete an IN-PERSON orientation and/or certain clearance requirements (e.g. TB tests, immunizations) prior to the summer.

You may select up to 2 options. However, your application will ONLY be sent to your 2nd choice if there is a need for more applications or if your 1st choice withdraws their program.
(Facilities, dates and requirements are subject to change.)

21. Attestation: I confirm that I have read the Facility Address and Requirement list, am aware of the location of each of my choices, meet the age requirements and have daily transportation to the location(s) during the program dates * as well as transportation to required in-person clearance and/or orientation activities prior to the summer.

Check all that apply.

 Yes

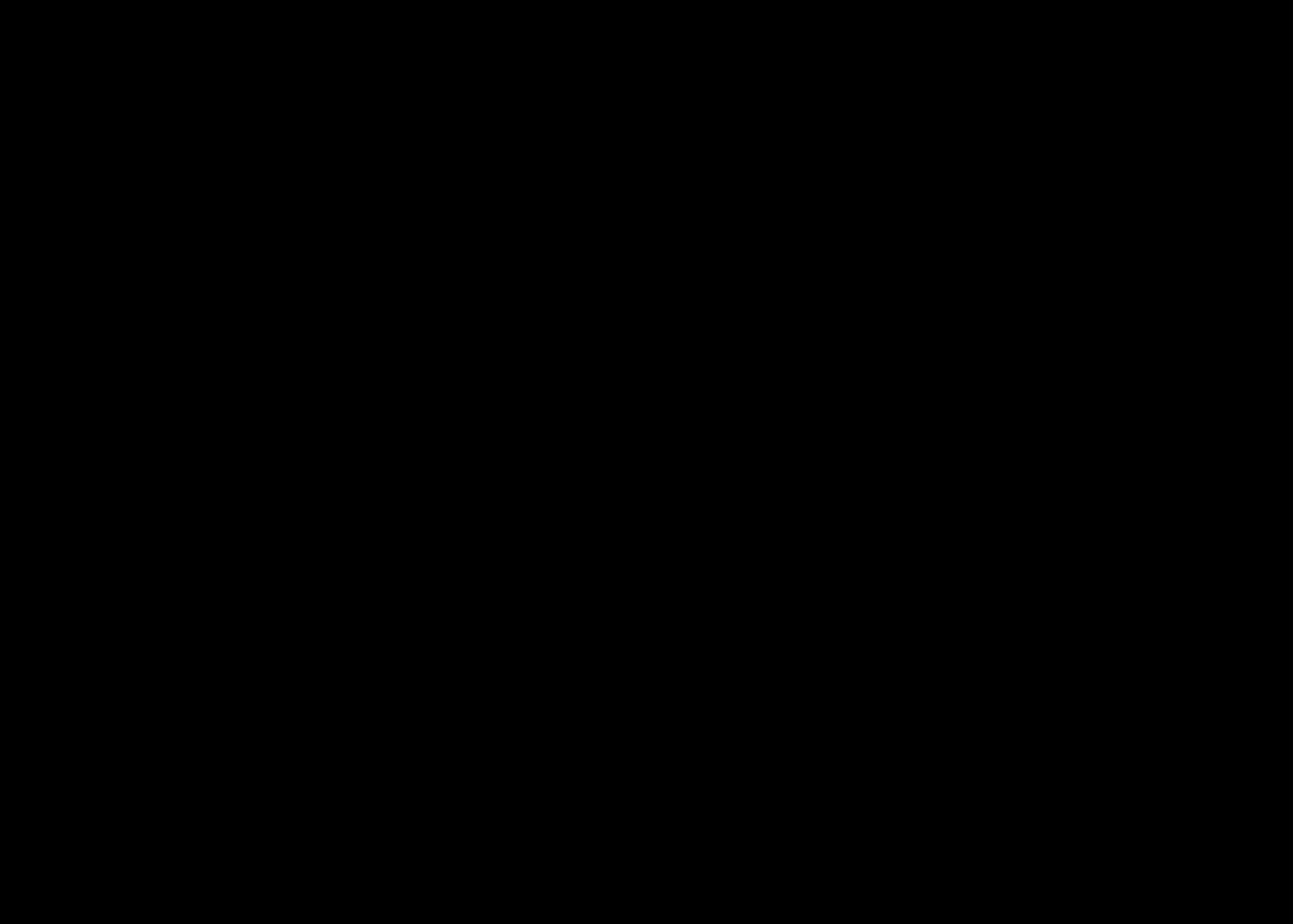
22. Please rank the programs you would like to participate in. There are 20 choices listed. Please be sure to scroll across to see all choices. If you do not wish to select a 2nd choice, please scroll to select the "No 2nd Choice" box. *

Mark only one oval per row.

	(Los Angeles)	(Los Angeles)	Children's Hospital	Children's Hospital	Dr Chavira-Session	Dr Chavira-Session	(Torrance Harbor	(Torrance Harbor	High Desert	(Los Angeles)	(Sylmar) Olive View	(Los Angeles)	(Los Angeles)	(Santa Monica)	(Santa Monica)	(Los Angeles)	(Los Angeles)				
(Los Angeles)	Cedars-Sinai Medical Center (must be 18 by start of program) #1 from July 6-July 17	Cedars-Sinai Medical Center (must be 18 by start of program) #2 from July 20-July 31	(CHLA) Hospital Session #1 from 7/6 - 7/17	(CHLA) Hospital Session #2 from 7/21 - 8/1	Private Practice Office - Whittier (must be 17 by start of program)	Private Practice Office - Whittier (must be 17 by start of program)	UCLA Medical #1 from 7/6-7/17	UCLA Medical #2 from 7/20-7/31	Regional Health Ctr from 7/6-7/17	MLK Jr. Outpatient Center Session #1 7/6-7/17	UCLA from 7/6-7/17	Olive Ortho Institute for Children Session #2 from 7/20-7/31	View Ortho Institute for Children Session #1 from 7/6-7/17	Ortho Institute for Children Session #2 from 7/20-7/31	Ortho Institute for Children Session #1 from 7/6-7/17	Pacific Ocean Pediatrics Session #2 from 7/20-7/31	Pacific Ocean Pediatrics Session #1 from 7/6-7/17	Pacific Ocean Pediatrics Session #2 from 7/20-7/31	Providence Tarzana #1 from 7/6-7/17	UCLA Session #1 from 7/6-7/17	UCLA Session #2 from 7/20-7/31
Adventist Health from 7/27-7-31																					
First Choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Second Choice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

Virtual Program Date Choices

Select your options below. Please note that if you apply to an in-person program and are not selected or the in-person program is cancelled, you have the option to be considered for the on-line program.



◀  ▶

Virtual Program Date Choices

Select your options below. Please note that if you apply to an in-person program and are not selected or the in-person program is cancelled, you have the option to be considered for the on-line program.

23. Which on-line program(s) would you like to participate in? *

Mark only one oval.

- July 6-16, 2026 - Monday - Thursday from 10:00 am to 12:00 pm
- July 20-30, 2026 - Monday - Thursday from 10:00 am to 12:00 pm
- No preference/either program
- I do not want to be considered for the on-line program.

ESSAY QUESTIONS

This section is VERY important and carefully read by facility program coordinators and LAPS Board members.

Limit: 3 pages to answer ALL three (3) questions/prompts.

1. What initiated/motivated/inspired your interest in the medical field? This may be a person, an experience and/or a key moment in your education.
2. What qualities does a good healthcare provider possess? Tell us about you - background/character/abilities; why will you make a good healthcare provider?
3. It is often said that what you put into this program is what you get out of it. What do you plan on investing into this program and what do you hope to learn? How will all of this impact your overall career goals?

24. Upload the document containing all 3 answers to the essay questions *

Files submitted:

Letter(s) of Recommendation

1 required, 2 may be submitted. You have two options to submit your letter(s):

1. You may upload your letter(s) yourself to the upload below, preferred method, as you will know that the letter(s) of recommendation were sent.
2. If your recommender(s) prefer, they may submit the letter(s) privately using the link (below). This submission form link can also be found on the LAPS website.

(Any other method of sending a letter of recommendation will need to be pre-authorized by LAPS Administration.)

Link for Recommenders to submit the Letter of recommendation form privately

<https://forms.gle/6dS2ywLx1xReGYnM6>

25. Option 1. Upload letter(s) here:

Files submitted:

26. I understand that my application will be considered incomplete until at least one letter of recommendation has been submitted. *

Check all that apply.

Yes

Upload Extracurricular Activities AND Honors/Awards

Limit: 2 pages; may format as a resume. List AND Explain any club, activity, achievement, academic &/or non-academic whose name does not indicate what it is or what it does; include your position & length of time involved. **Include** school/community volunteer service, job/life experience/skills/talents. Do NOT send award certificates. For further info see Application Instructions & FAQs for samples.

27. Upload Extracurricular Activities AND Honors/Awards *

Files submitted:

This content is neither created nor endorsed by Google.

Google Forms