

STIPENDS FOR TRAINING ASPIRING RESEARCHERS (STAR) PROGRAM

SUMMER 2008 • APPLICATION



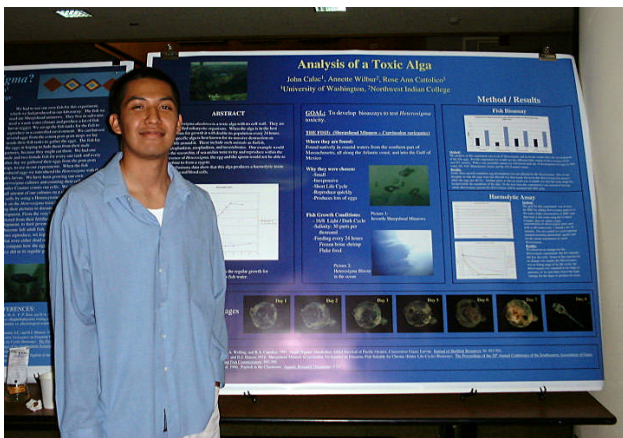
RESEARCH...

topics in fields relating to cardiology, respiratory, hematology, and sleep disorders with world-class scientists involved in cutting edge research. The STAR summer research Program begins Monday, **June 23, 2008**. The Application Packet postmark deadline: **April 15**.



RELAX...

by yourself or with new friends during the summer in sometimes, but not often, rainy Seattle, Washington, surrounded by Mount Rainier, the Pacific Ocean, the University of Washington, and Starbuck Coffee houses.



REWARD

yourself for a summer well-spent. There is a generous Program Stipend and Housing Allowance, with roundtrip airfare/train travel for out-of-state/non-Washington State residents.

Need More Information?

Contact: Karlotta J. Rosebaugh, STAR Coordinator at karlotta@u.washington.edu; or 206.221.6151.

“Stipends For Training Aspiring Researchers” (STAR) 2008

Postmark Deadline: April 15th

Purpose of the STAR Program

The purpose of the Stipends for Training Aspiring Researchers (STAR) Program is to address the issue of underrepresentation by individuals from populations in biomedical and behavioral research.

Requirements - Participants must:

- be citizens, permanent residents, or non-citizen nationals (persons born in outlying possessions of the United States, i.e., American Samoa and Swains Island). Appropriate documentation will be requested from each prospective program participant. Any individual who is unable to submit such documentation will not be eligible to participate in the Program. **(Please note: International students, students on temporary or student visas, and/or individuals holding advanced degrees (i.e., PhD, MD, DVM, or equivalent doctoral degrees), are not eligible for participation in the program.**
- belong to a group that is underrepresented nationally in the biomedical or behavioral sciences (i.e., Blacks, Hispanics, Native Americans, Pacific Islanders, etc.)
- be enrolled in college and returning to college the Fall quarter following participation in the STAR Program.

Requirements – Educational Level/Coursework/GPA

• CLASS STANDING – SOPHOMORE

Completion of introductory Chem 142, 152, 162 series; or, equivalent
Cumulative GPA: 2.8+
Overall average in Science/Mathematics GPA: 3.0+

• CLASS STANDING – JUNIOR

Sophomore prerequisites (listed above)
Biology 180 and 200 **AND** Chemistry 237 and 238
Cumulative GPA: 3.0+
Overall average in Science/Mathematics GPA: 3.0+

• CLASS STANDING – SENIOR

Sophomore and Junior prerequisites (listed above)
Organic Chem 223, 224, and Chem 241 **OR** Chem 237, 238, 239, and Chem 241 **AND** Physics 114, 115
Cumulative GPA: 3.2+
Science/Mathematics GPA: 3.0+

• CLASS STANDING –FIRST YEAR GRADUATE/PROFESSIONAL SCHOOL

Participants must be in **“good standing:** with School, College, or Department.

Funding of the participant will include

- Stipend
- Per diem/Subsistence of \$400/month

Funding of travel

- The Program will purchase round-trip **AIRFARE** or **TRAIN** travel (not including sleeping quarters/meals) for out-of-state participants.
- **Airfare is not paid for students who are residents of the State of Washington** (including those attending colleges and universities elsewhere in the country); or, for students whose parents, spouses, or significant others reside in the State of Washington
- The Program **will not** reimburse students who make (pay) their own reservations or use transportation other than airline or train.

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MUST BE TYPED, including RECOMMENDATIONS

GENERAL INFORMATION

PERSONAL INFORMATION

Name _____
Address _____
City, State, Zip _____
Phone Number (____) _____
E-Mail _____

NAME OF PARENT(S) OR GUARDIAN(S)

PARENT(S) OR GUARDIAN'S PERMANENT HOME ADDRESS

PARENT(S) OR GUARDIAN'S PHONE NUMBER (OR, EMERGENCY PHONE NUMBER)

SCHOOL INFORMATION

Name of School _____
School Address _____
School Phone Number (____) _____
Year in School _____ GPA _____
Major Area of Study _____ GPA _____
Minor Area of Study _____ GPA _____

WHAT ARE YOUR LONG-TERM EDUCATIONAL AND CAREER GOALS?

Need More Information?

Contact: Karlotta J. Rosebaugh, STAR Coordinator at karlotta@u.washington.edu; or 206.221.6151.

SHORT ANSWER

Describe your recent extracurricular activities (i.e., volunteer work, organizations):

Employment during the previous summer (include type and number of hours worked):

BRIEFLY DESCRIBE YOUR BIOMEDICAL OR BEHAVIORAL RESEARCH BACKGROUND:

Year	Location	Mentor	Description

Personal Statement (use only space provided):

What shall you be doing in June 2018? What will be the personal, educational, and career steps that guide you to achieve that place in life?

Signature _____

Date _____

PLEASE FOLLOW THE INSTRUCTIONS ON THIS PAGE CAREFULLY. THANK YOU.

Please read carefully and initial the following:

- I will not be receiving funding from any other Federal grant during the time of my appointment to the STAR Program. **Accept:** _____ (Initial)
- I will not take academic, enrichment, and/or professional/graduate exam (i.e., MCAT, GRE, DAT) courses during the time I am in the program **Accept:** _____ (Initial)
- I will not request, nor accept, funding from any University of Washington program or department during my appointment in the STAR Program. **Accept:** _____ (Initial)
- I will attend ALL STAR Program activities (i.e., academic, social). **Accept** _____ (Initial)
- I understand, that programmatically, I report directly to the STAR Program Coordinator or Director of the Health Sciences Center Minority Students Program; not any other staff member. **Accept:** _____ (Initial)

Statement of Accuracy and Authenticity

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate. I agree to communicate in writing any changes contained herein even if said changes occur after enrollment. I understand that at any time, upon discovery of inaccuracy of any information herein, omission of information requested herein, and/or verbal misrepresentation of my qualifications for entry/continuation in any portions of the Program, the STAR Program Principal Investigator and/or Program Coordinator(s), reserve the right to revoke admission and/or immediately terminate, this applicant

Signature of Applicant

Date

Please return, under one cover...including recommendations to:

**Karlotta J. Rosebaugh
University of Washington
Health Sciences Center Minority Students Program
Room T-341B Health Sciences Center (For UPS/FEDEX)
Box 356355**

Need More Information?

Contact: Karlotta J. Rosebaugh, STAR Coordinator at karlotta@u.washington.edu; or 206.221.6151.

Seattle, Washington 98195

206.221.6151

••DEADLINE: February 1 ••

**RECOMMENDATION
FORM & NARRATIVE**

TWO recommendations are needed: (1) from an Advisor and (1) from a Science Professor or Research Mentor
SHOULD INCLUDE: Written narrative by recommender

TO BE COMPLETED BY THE APPLICANT (PLEASE TYPE)

Name of Applicant: _____

Names and titles of persons to complete this recommendation: _____

Relationship of recommender (i.e., Academic Advisor, mentor, or personal reference) to applicant: _____

**I GIVE MY PERMISSION FOR THIS REFERENCE TO REMAIN CONFIDENTIAL BETWEEN THE
UNIVERSITY OF WASHINGTON STAR PROGRAM COORDINATOR/DIRECTOR AND THE RECOMMENDER.**

Signature of applicant: _____ Date: _____

TO BE COMPLETED BY THE RECOMMENDER

The student named above is an applicant for the Health Sciences STAR Summer Research Program at the University of Washington, Seattle. The program provides 10 - 12 weeks, full-time, faculty-mentored research positions for undergraduate students in biomedical and behavioral research. Applicants must be academically and/or experientially prepared and highly motivated to participate in a fast-paced, cutting-edge research project.

Please rate the student in the following areas:

	Outstanding	Above Average	Average	Below Average	No Chance to Observe
Motivation and initiative					
Perseverance and commitment					
Ability to benefit from research experience					
Problem solving skills					
Adaptable/flexible					
Intellectually curious					
Ability to interact effectively with faculty, peers, and co-workers					

Please Check the Appropriate box:

I highly recommend the applicant _____	I recommend the applicant _____
I recommend the applicant with reservation _____	I do not recommend the applicant _____

Your name and title (Please type) Signature Date

Complete Mailing Address

Phone E-mail

Please use the back of this page or attached a page to make further typewritten comments regarding the suitability of this applicant for a summer research position.

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Return the completed form to the **APPLICANT** in a sealed envelope, with your name signed over the seal.

THANK YOU FOR YOUR TIME AND EFFORT FOR COMPLETING THIS FORM.

Recommender's Narrative