

## MEDICAL SCHOLARS PROGRAM STUDENT APPLICATION FORM

### STUDENT INFORMATION

Name:

Date of birth:

Cell Phone Number:

Current address:

City:

State:

ZIP Code:

School Email:

Alternate Email:

### CITIZENSHIP

If not a US citizen, of what country are you a citizen?

If you have a permanent resident alien ("green card"), please provide the number on the card:

### EDUCATION BACKGROUND

*Please list the colleges/universities you have attended prior to matriculating at the AU/UGA Medical Partnership.*

School Name:

Major:

Degree:

Graduation Date:

School Name:

Major:

Degree:

Graduation Date:

### MENTOR INFORMATION

Name (title, first, last, suffix):

Department:

Mentor Email:

Mentor Phone Number:

Location where work will be performed:

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## RESEARCH PLAN INFORMATION

*(Attach a separate sheet)*

### PROJECT TITLE:

### PROJECT AIMS

Briefly state Project Specific Aims: *(Maximum of 250 words)*

### PROJECT BACKGROUND & SIGNIFICANCE

Summarize previous studies in the field and describe how additional studies, including your proposed work, would add knowledge to the field. *(Maximum of 500 words)*

### RESEARCH METHODS & DESIGN

Outline exactly what you propose to do during the summer with some brief experimental details. *(Maximum of 500 words)*

### RELEVANCE OF RESEARCH TO MEDICINE

Summarize how this research is/will be relevant to medicine. *(Maximum of 250 words)*

### GOALS

Please discuss what you hope to learn from participation in the Medical Scholars Program and how your participation will benefit you in meeting your future education and career goals. *(Maximum of 250 words)*

### SELECTIVE REFERENCES

Enter up to 10 references below. List journal articles that are referenced in the research proposal/application – i.e., the published work that supports the ideas/approach of proposed work.

### EXPERIENCE

Have you had any previous research experience(s)? Yes  No

Save this form before you submit it.