

Medical Scholars Research Fellowship Application Form

1. **Applicant: Last Name**
2. **Applicant: First Name**
3. **Applicant: Middle Name**
4. **Applicant: Email Address**
5. **Applicant: Phone Number**
6. **Applicant's Gender**
7. **Applicant's Ethnicity/Race**
8. **Applicant's U.S. Citizenship?**

The MSRF is open to United States citizens and U.S. permanent residents only.

9. **If not a U.S. citizen, specify the country**
10. **Medical School**
11. **Dean: Last Name**

All applicants must be nominated by the medical school dean. The medical school dean can nominate only one applicant in any competition year.

12. **Dean: First Name**
13. **Dean: Official Title**
14. **Dean: Email Address**
15. **Fellowship Institution**

The fellowship institution need not be the applicant's medical school. Fellows must choose an academic or nonprofit research institution in the United States (excluding NIH or other government agencies).

16. **Research Mentor: Last Name**

A mentor should have active research programs, sustained external grant support, a strong record of training students, and the time and interest to train the applicant. A mentor can have only one applicant in any competition year.

17. **Research Mentor: First Name**
18. **Research Mentor: Academic Title**
19. **Research Mentor: Email Address**

20. **Research Co-mentor: Last Name (if applicable)**

A co-mentor should be added to the application if there are components of the research project plan that is not within the mentor's area of expertise or if the primary mentor is a junior faculty member with limited grant support and training history.

21. **Research Co-mentor: First Name (if applicable)**
22. **Research Co-mentor: Academic Title (if applicable)**

23. Research Co-mentor: Email Address (if applicable)

24. Applicant's Personal Statement

State why you are interested in laboratory research and how it might impact your career. What do you want to accomplish through the PSSF Medical Scholar's experience? (should not exceed 3000 characters, including space and punctuation)

25. Applicant's Education

Your most recent degree (or education in progress): The name of your school: Location of your school: Dates attended and graduation date (or expected graduation date): Your field of study and degree. (should not exceed 3,000 characters, including space and punctuation)

26. Applicant's Research Experiences (if any)

Previous wet-laboratory research experience is not required. However, please include a summary of your accomplishments in each research experience if you have any. (should not exceed 3,000 characters, including space and punctuation)

27. Applicant's Publications (if any)

Please include the PubMed Central reference number (PMCID) at the end of citations. (should not exceed 3,000 characters, including space and punctuation)

28. Applicant's Professional Experiences

(should not exceed 3,000 characters, including space and punctuation)

29. Applicant's Honors and Awards

(should not exceed 3,000 characters, including space and punctuation)

30. Applicant's Research Area

The proposed project must be in the basic, translational, or applied biomedical sciences. The PSSF does not fund clinical research, health services, or health policy research.

31. Applicant's Project Title

(Should not exceed 255 characters, including space and punctuation)

32. Applicant's Research Plan Summary and Specific Aims

(Should not exceed 1,600 characters, including space and punctuation)

33. Applicant's Research Project Plan

Your research project plan should be developed in collaboration with your research mentor but written by you and reviewed by your mentor before submission.

Describe your research proposal in non-technical terms-use clear, plain language, avoid jargon, and keep it simple. The attached document (upload as a PDF) should be no longer than three pages, including tables, figures, and preliminary data.

References and citations do not count against three pages. (Format: Single-Spaced, One Inch Margins, 12-Point Arial Font)

34. Personal References

Please list three references, including their name, job title, institution, and contact information, with a space in between each reference.

35. Does your research involve direct patient contact?

36. Does your research require IRB approval?

37. If your research requires IRB approval, would you have the approval by the start date of your fellowship?

38. By checking this box, I authorize the PSSF to use my data for ongoing program evaluation and assessment.

Reference Form

1. Which type of reference are you submitting?

2. Dean's Nomination Letter

Please comment on the nomination process, selection criteria, and the applicant's unique qualifications, experiences, or accomplishments pertain to the fellowship. The letter should not exceed 3,000 characters, including space and punctuation.

3. Research Mentor's Letter

Please note that you can attach only one PDF document. Your document should include a recommendation letter limited to two pages combined with five pages of NIH Biosketch.

4. Research co-Mentor's Letter

Please note that you can attach only one PDF document. Your document should include a recommendation letter limited to two pages combined with five pages of NIH Bi