



Summer Research Fellowship Application

Application Deadline: March 1

Fill Out This Form to Apply for our Summer Research Fellowship Program.

Please note that a COMPLETE application consists of this form, an official transcript from your undergraduate institution, and two letters of reference.

I. Background

Name: _____

Date and Place of Birth: _____ U.S. Citizen? _____

Contact information when at *school*:
Address: _____

Telephone: _____ Email: _____

Contact information when at *home*:
Address: _____

Telephone: _____ Email: _____

Source and year of high school degree: _____

Colleges attended: _____ Major/Minor: _____

Expected date of graduation: _____ Present status (Fr/So/Jr/Sr): _____

Cumulative grade point average: _____ Science GPA: _____

Summer housing plans (Check one):
Live in dorms _____
Live in local apartment _____
Will not require local housing _____

OPTIONAL: Please pick a category which describes your ethnic/racial status (Check one).
Native American _____ Hispanic _____
Asian _____ Pacific Islander _____
Black, not of Hispanic origin _____ Caucasian, not of Hispanic origin _____

II. Exposition

This section will be important part of the selection process.

Discuss your plans for future professional or graduate education and eventual career.

How will the summer research experience contribute to your career goals?

List your first three choices among the various research areas (specify order of preference).

Please send *all* materials (application, transcript, two letters of reference) as a packet to:

**Summer Research Fellowship Program
Department of Biochemistry and Molecular Biology
University of Arkansas for Medical Sciences
4301 W. Markham St, Slot 516
Little Rock, AR 72205**

You should receive a confirmation by mail and/or email that your application has been received by our department. Otherwise, please contact Dr. Grover Paul Miller by phone or email.

Office: 501-526-6486

Email: MillerGroverP@uams.edu