

Personal Information

Program Name	Combined Summer Undergraduate Research Opportunity
Funding Source	SURE
Are you receiving federal funding (NIH MARC/RISE) or will receive funding from any other sources during the ten weeks of the program?	Yes
Name of the Funding Source	MARC Rising Star
Funding Amount	5000.00
Name of the Program Director	Jane Doe
Program Director Email Address	janedoe@umassmed.edu
First Name	Steven
Last Name	Example
Middle Name	J
Home Address	
Street Address	3 Main Street
City	Worcester
State	Massachusetts
Postal/Zip Code	01655
School Year Address	
Street Address	3 Main Street
City	Worcester
State	Massachusetts
Postal/Zip Code	01655
Home Phone	508-656-5533
Cell Phone	508-656-5533
Personal/Non-College Email Address	Stevenexample@gmail.com
Date Of Birth	07/14/1998
Gender	Male

Demographic Information

Marital Status	Single
Number Of Dependants	0
Citizenship Status	U.S. Citizen
Do You Have A Disability?	Yes
Please Specify	ADHD
Have You Experienced Any Institutional Actions Or Restrictions At Your Post Or Present Institution?	No
Do You Consider Yourself Economically Disadvantaged?	Yes
Would You Be A First Generation 4-Year College Graduate?	Yes
Have You Had Any Encounters With The Law Enforcement Or Legal System?	No
Race	Native American
Ethnicity	West Indian/Carribbean
Primary Language Spoken At Home	English
Other Languages Spoken	None
English Proficiency	Professional Working Proficient

Education Finance

Academic Scholarship	90
Financial Need Based	10
Student Loan	0
Other Loan	0
Family Contribution	0
Applicant Contribution	0
Other	0
Total	100

Education Information

Current College/University Auburn University Auburn
 College/University Name Auburn University Auburn
 College/University Address
 City Auburn
 State Alabama
 Zip 36849
 Your Personal College/University Email Address stevene@auburnu.edu
 Expected Graduation Date 05/03/2018
 Major English
 Minor Math
 Academic Status Code Junior

Previous Colleges/Universities Attended Details

College / University	Andrews University
City	New York
State	New York
Start Date	2/1/2016
End Date	8/2/2016

Previous UMass Program No
 Program Name
 Program Year
 Host
 Department
 Email
 Are You A Member Of An Honor Society No
 Name Of The Honor Society

GPA Information

Science Courses Taken (Biology, Physics, Math, Chemistry And Engineering) Details

Academic Year	Sophomore
Course Name	Chemistry
Course ID	5055
College / University	Auburn University Auburn
Year Taken	2016
Transcript Grade	B
Number Grade	3.00
Credit Hours	15.00
Quality Points	45.0000

Science GPA - Freshman Total

GPA

Science GPA - Sophomore Total

GPA 3.00

Science GPA - Junior Total

GPA

Science GPA - Senior Total

GPA

Total GPA For Science Courses

Credit Hours 15.00

Quality Points 45.00

GPA 3.00

All Other (Non-Science) Courses Taken Details

Academic Year	Sophomore
Course Name	History
Course ID	33000
College / University	Auburn University Auburn
Year Taken	2016
Transcript Grade	C+
Number Grade	2.30
Credit Hours	15.00
Quality Points	34.5000

Non-Science GPA - Freshman Total

GPA

Non-Science GPA - Sophomore Total

GPA 2.30

Non-Science GPA - Junior Total

GPA

Non-Science GPA - Senior Total

GPA

Total GPA For Non-Science Courses

Credit Hours 15.00

Quality Points 34.50

GPA 2.30

Total GPA For All Courses

GPA 2.65

Educational Activity Information
Extracurricular Activity Experience
Details

Experience Type	Leadership
Paid Employment	No
Start Date	05/02/2016
End Date	11/01/2016
Total Hours	20
Title	Group Leader
Organization	YMCA Youth Group
City	Worcester
State	Massachusetts
Contact Name	Max
Contact Title	Teller
Contact Phone	508-856-5533
Experience Remarks	Working with youth groups

Family Information**Parent/Guardian 1**

Unknown	No
First Name	Louis
Last Name	Example
Highest Level Of Education Completed	Some College
Occupation	Steel worker
Race	Native American
Ethnicity	Puerto Rican
Please Specify	
Deceased	No
Street Address	5 Water Street
City	Worcester
State	Massachusetts
Postal/Zip Code	01655
Marital Status	Married

Parent/Guardian 2

Unknown	No
First Name	Marie
Last Name	Example
Highest Level Of Education Completed	High School Graduate
Occupation	House wife
Race	White
Ethnicity	Hispanic
Please Specify	
Deceased	No
Street Address	5 Water Street
City	Worcester
State	Massachusetts
Postal/Zip Code	01655
Marital Status	Married

Family

Siblings	2
Family Income As Stated In Last Year's Tax Returns	45000
People In Household	5
Does Your Family Receive Public Assistance?	Yes
Did You Receive Free Or Reduced Lunch In School?	Yes

Career Preference

First Choice	Research Scientist/Associate or Assistant
Second Choice	Research Scientist
Third Choice	Medical Technician
Fourth Choice	Physician
Fifth Choice	Physical Therapy
Other Health Careers	Medical Interpreter
Do You Have Prior Research Experience?	Yes
Please Specify	Previous summer program at Northeastern
What Types Of Research Are You Interested In Doing?	Cancer research
Why Do You Want To Be In This Research Program?	To learn more about what it is like to do real bench research
How Did You Hear About Us?	A Pre-Med Club or Society
Did You Apply Last Year?	No

Attachments

Current Resume

[Uploads to the summer research program example application.pdf](#)

Current Transcript

[Uploads to the summer research program example application.pdf](#)

Previous Institution Transcripts Details

Transcript	Uploads to the summer research program example application.pdf
------------	--

Personal Statement Details

Personal Statement	Uploads to the summer research program example application.pdf
--------------------	--

Letters Of Recommendation Details

First Name	Robert
Last Name	Lucas
Institution	Havard Medical School
Email	rlucas@harvard.edu

Details

First Name	Sharon
Last Name	Best
Institution	Tufts University
Email	sbest@tufts.edu