

Application Checklist				
Applicant Name:				
<ul> <li>Application (please type or print neatly)</li> <li>Two letters of recommendation (see instructions below)</li> <li>Statement of purpose, research Interest (see instructions below)</li> <li>Signature of faculty mentor (if applicable)</li> <li>Transcripts (unofficial copies acceptable)</li> </ul>				
I understand that space in the GUIDE Summer Research Program is limited, and that I must provide all required documentation before the deadline to be considered for acceptance. I certify that all of the information above is true and accurate to the best of my knowledge.				
Applicant's Signature:				
Date:				
Funding for the GUIDE Project is provided by NIH/NCI Award #1P20CA202908-02. This summer fellowship is designed to help increase the participation of underrepresented groups in research careers. Information collected in the application is used to report aggregate information regarding the socioeconomic, racial and ethnic demographic characteristics of our participants. It may also be used to direct applicants to opportunities that are designed for particular racial and ethnic groups.				
CONTACT FOR QUESTIONS ABOUT THIS APPLICATION:				
Kathleen Gustafson Program Administrative Assistant				
GUIDE Project				
Governors State University				
Office: (708) 534-4987 Fax: (708) 534-4113				
kgustafson@govst.edu				

Last Name	First Name		Middle Name		
Date of Birth (mm/dd/yyyy)	Gender M F	GSU ID Number	Freshman Sophomore Junior Senior		
Current /Mailing Address					
Number & Street					
Apartment					
City					
State					
Zip Code					
Home Telephone Number					
	Permane	ent Address			
Number & Street					
Apartment					
City					
State					
Zip Code					
E-Mail Address					
		ic Information			
	ease checl	k all that apply			
<ul> <li>Hispanic or Latino</li> <li>White</li> <li>Black or African American</li> <li>Asian</li> </ul>			lian or Alaska Native iian or Other Pacific Islander 		

Undergraduate Education					
Major		Overall Grade Point			
		Average (4.0 scale)			
Degree		Anticipated Graduation			
Sought		Date (mm/yyyy)			
Previous					
Institution(s)					
and degrees					
List any graduat	te entrance exams (GRE,	Exam	Score		
MCAT, etc.) you have taken and your					
scores.					
Will you be the first person of your immediate family to graduate from a four year					
will you be the	first person of your immedia	te family to graduate from	a iour year		
,	first person of your immedia rcle one) <b>Yes No</b>	te family to graduate from	a lour year		
,		Credit Earned Hours earned	Are you in the Honors		
institution? (ci		, ,	,		

Please list and describe courses taken that support your research interests.				
Title of Course	Description	Grade Received		

Circle the post baccalaureate degrees that interest you.					
Master's	Ph.D.	M.D./Ph.D.	Other:		
Master's	Ph.D.	M.D./Ph.D.	Other:		

Research Interests	
List Below, at least two research topics/projects in which you are interested:	
1.	
2.	
3.	

Ho	How did you hear about the GUIDE Summer Research Program						
	Department Posting E-mail Posting Friends/Family		GUIDE/UICC Website Fellow classmate Other (please explain)		GSU Faculty/University Staff GUIDE Presentation		

## Instructions for Applicant Statement and Letters of Recommendation

In addition to the application, you must also submit a Statement of Purpose and a Letter of Recommendation from two academic faculty who know you.

## Statement of Purpose and Research Interests (500 words)

Please explain your background and interests in participating in the summer research experience. Describe your educational and professional goals, and any experiences, including prior coursework and volunteer experiences, that are relevant to health science research.

## **Letters of Recommendation**

## Please provide your recommenders with the following statement.

Thank you for agreeing to write a letter of recommendation for the individual applying to the GUIDE Project Summer Research Experience. In this letter please mention by full name the applicant and comment on your relationship to this applicant, including the timeframe in which you have known him/her. Please discuss the student's interest in a health disparities related career/field, the student's ability to succeed in a rigorous research environment, and any specific qualities that make the student a good candidate for this program. Your letter must be **submitted via email to Kathleen Gustafson**, Kgustafson@govst.edu by February 28, 2018 at midnight.