

RESEARCH EXPERIENCE IN NEUROSCIENCE FOR UNDERGRADUATES FROM RURAL AND TRIBAL COLLEGES – SUMMER 2009

Please print or type.

APPLICANT'S CONTACT INFORMATION

Name of Applicant: (last name, first name, middle initial) _____

Mailing Address: _____ Apt. No. _____

City _____ State _____ Zip _____ Tel. No. Home _____

E-Mail address: _____ Work _____

Permanent address (if different from above): _____

Emergency Contact (Name, Contact Information, Relationship): _____

APPLICANT'S ACADEMIC INFORMATION

List high school(s) and college(s) attended

Name	Location	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current College: _____ Expected Graduation Date (MM/YY) _____

Current academic level (number of credits): _____

Academic honors, if any: _____

Indicate Grade Point Average (GPA) and scores for the following:

GPA Overall _____ GPA science only _____ Science Hours completed _____

GPA last semester _____ Hours completed last semester _____

SRA _____ ACT _____ SAT _____

When did you begin college? _____ Fall _____ Spring _____ Summer _____ Year

Anticipated major subject area: _____

Demographic information required by NSF

Please check where appropriate: Male ___ Female ___
U.S. Citizenship: Yes ___ No ___ Permanent Resident Alien: Yes ___ No ___
Applicants who are biracial or multiracial may check more than one designation as appropriate.
White/Caucasian ___ American Indian ___ Native Alaskan ___ Native Hawaiian ___ African American/Black ___
Asian American ___ Pacific Islander ___ Hispanic/Latino ___
Will you be the first person in your family to graduate from college? Yes ___ No ___
Applicant Age _____ Number of Dependents _____ Ages _____

If you have a disability and require an accommodation, please contact either Dr. Bull Bennett (bbennett@ndatc.org), Tribal College Science Coordinator; North Dakota Association of Tribal Colleges (701) 223-4100 or Dr. Van Doze (vdoze@medicine.nodak.edu), Department of Pharmacology, Physiology & Therapeutics, University of North Dakota (701) 777-6222.

Name: _____

List the name, address and phone number of two instructors familiar with your scientific abilities. Ask them to send a letter of recommendation to Dr. Van A. Doze, at the address below.

1.

2.

APPLICATION CHECKLIST

- _____ Contact and academic information sections completed.
- _____ Two letters of recommendation.
- _____ Transcripts attached (issued-to-student), or _____ Will be mailed directly from school.
- _____ Autobiographical sketch completed.

Applicant's Signature: _____ Date: _____

Final applicant review and award notifications will begin on **Monday, March 9th**, and continue until all the positions are filled with qualified applicants. The program will begin **Monday, June 1, 2009**. If you have any questions, please contact either Dr. T. M. Bull Bennett (bbennett@ndatc.org), Tribal College Science Coordinator, North Dakota Association of Tribal Colleges (701) 223-4100 or Dr. Van Doze at the UND School of Medicine and Health Sciences: vdoze@medicine.nodak.edu or at (701) 777-6222.

Please return completed application to:

Dr. Van A. Doze, NSF-REU
University of North Dakota School of Medicine
501 N. Columbia Rd. Stop 9037
Grand Forks, ND, 58202-9037
or FAX to (701) 777-4490
email: vdoze@medicine.nodak.edu

Name: _____

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AUTOBIOGRAPHICAL SKETCH**

In your own words, please discuss your academic plans, noteworthy scholarly achievements, career interests and objectives, work experience, community involvement and personal interests. Please also discuss how you learned about this program and why you are interested in participating. Also indicate why you wish to pursue a career in the sciences, including teaching. If you need more space, attach additional pages. Please print or type (three-page limit, font size no smaller than 10 point).

**RESEARCH EXPERIENCE IN NEUROSCIENCE FOR UNDERGRADUATES
FROM RURAL AND TRIBAL COLLEGES – SUMMER 2009
LETTER OF RECOMMENDATION**

Please return to:

Dr. Van A. Doze, NSF-REU
University of North Dakota School of Medicine
501 N. Columbia Rd. Stop 9037
Grand Forks, ND, 58202-9037
or FAX to (701) 777-4490
email: vdoze@medicine.nodak.edu

Student's Name: _____

Your Name: _____

Your Position: _____

Your Signature: _____ Date: _____

How long have you known the applicant? _____

In what manner have you known the applicant? _____

Please include your opinion of the applicant's interests and skills in science, potential for selecting a career in the sciences, as well as your opinion of his/her academic skills. Use additional pages if necessary.

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