Application for the Cancer Collaborative Pilot Projects Stipend
California State University Los Angeles (CSULA)
City of Hope National Medical Center (COH)

The purpose of the Cancer Collaborative Pilot Projects Stipend is to provide students with research opportunities in cancer disparities research. The research projects will be collaborations between CSULA and COH faculty. Student trainees will be full participants in the research projects and will be involved in a variety of enrichment activities both on and outside of campus. Students will apply to particular projects that are advertised around campus and work specifically with the faculty working on distinct projects.

Student trainees will participate for one or two years, depending on their academic status at the time of entry. The program is open to both undergraduate and graduate students. Applications will be reviewed by the faculty researchers (mentors) for acceptance into the research program.

- Students will receive a $10,000 per year stipend to pay for tuition, books, and cost-of-living expenses
- If the job is divided between 2 or more students, the $10,000 will be proportionally divided.
- Students will be eligible to apply for travel funds to present research results.

A list of available projects can be viewed at:
http://www.calstatela.edu/centers/cancercollab/research/index.html

Requirements:

A) Full-time CSULA student (12 units for Undergraduate; 8 units for Graduate students).

B) Undergraduate and Graduate students are eligible to apply.

C) Completion of 90 quarter units of undergraduate coursework.

E) A minimum 3.0 Grade Point Average.

Procedure:

1) Fill out application form and mail to the faculty researcher (mentor).

2) You may receive an invitation for an interview. If so, come to the interview in business attire.

3) You will begin receiving funding for your participation in the research after IRB approval of the projects.

Stipend is supported by NIH/NCI grant number 1P20CA118783-01A1

CSULA-COH CANCER COLLABORATIVE
Application For Cancer Collaborative Pilot Project Research Position

Applicant Information

Name_ _____Email_____

Address_____ City_____ Zip _____

Telephone (home/cell) _____ (work) _____

Student **CIN#**_____

Year in School: Fr____ So____ Jr ____ Sr ____ MS 1st year____ MS 2nd year ____

Major/Option_____ Expected Date of Graduation _____

Grade point average _____
(A = 4.00; B = 3.0; C = 2.0; D = 1.0)

Career Goals

What is your planned educational objective after you graduate from CSULA?

Graduate School:_____M.S./M.A.____Ph.D.____Combined M.D./Ph.D._____Employment

Names and Contact Information for References

Names and addresses of **two** faculty members whom you have asked to submit letters of recommendation on your behalf.

Name of Reference	Phone Number	Email Address

Additional Information

Please attach the following to complete the application:

- ☐ Additional pages(one page total maximum) with your response to each of the following:

  - Describe any previous experience you have in research or related areas.
  - Discuss the reasons you wish to participate in the cancer research training program.
  - Comment on your educational and career plans after you complete your studies at CSULA.
  - List any academic (or other) honors you have received.
  - If there is any discrepancy between your grades in academic coursework and your potential, please explain.

Arrange to have **two (2)** letters of recommendation written on your behalf by faculty or senior investigators, using the attached faculty recommendation form. If you have participated in clinical research, at least one of the letters should be from your research director(s). The letters should be delivered to you in sealed envelopes (signed across the seal) and included in this application packet. Alternatively, the faculty respondents can send the letters directly to the Cancer Collaborative office.

I hereby authorize the Cancer Collaborative office access to my university records and release my file to all prospective faculty mentors and the Internal Advisory Committee.

My file contains any or all of the following:

- A copy of my transcripts
- Personal data
- Letters of recommendation
- Other documents related to my obtaining support

I understand that in order to revoke this release and authorization, I must do so in writing and that such revocation shall not apply to files that have been released prior to the date of revocation.

_____

Signature of the Applicant Date

Please return completed application and all attachments to the research mentor you want to work for.

If you have questions call: 323-343-2494

Email: jmomand2@calstatela.edu

Please visit: www.calstatela.edu/cancercollab/