

Los Angeles Basin - California State University

MHIRT

Minority Health and Health Disparities
International Research Training Program

Dr. Marcelo Tolmasky, Director
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Website: <http://biology.fullerton.edu/mtolmasky/MHIRT%20website/index.html>

TO: Student Applicant

FROM: L.A. Basin CSU MHIRT Director

SUBJECT: Minority Health and Health Disparities International Research Training Program (MHIRT) application process.

An application packet for the MHIRT Program is enclosed. Please read it carefully. **IT IS YOUR RESPONSIBILITY TO SEE THAT YOUR APPLICATION IS PROPERLY COMPLETED BY THE DEADLINE.**

The Application Packet consists of:

- A. General Information Sheet (this form)
- B. Student Responsibility Sheet
- C. Application Form
- D. Two (2) Faculty Recommendations Forms
- E. Checklist.

Your completed Application Form must be received at the address specified above by February 10. **NO APPLICATION WILL BE PROCESSED IF ANY OF THESE ITEMS IS MISSING.**

FIRST: Fill out the **Application Form** completely **typing** all answers. You will need to consult a list of the project descriptions.

SECOND: Fill in Parts 1 and 2 of the Faculty Recommendation Form. Then, give the **Faculty Recommendation Form** to the appropriate faculty member. Select these individuals carefully since they are important in the evaluation process. One letter must be from the professor of a science course which you have taken and the second from a present or former research mentor. The letters of recommendation are due by February 10. Letters should be mailed to **Minority Health and Health Disparities International Research Training Program - MH-382, Department of Biological Science, California State University, Fullerton, P.O. Box 6850, Fullerton, CA 92834-6850**

THIRD: Contact the Registrar at your school and request that a copy of your transcript be sent to the MHIRT Program to the above address. The transcript must arrive by February 10.

Thereafter, you should check with this office periodically (714 278-5263) to see if your packet of information is complete.

Thank you for your cooperation. Good Luck with your application.

RESPONSIBILITIES OF AN UNDERGRADUATE TRAINEE

1. Award Payments

You will receive your summer salary in three installments: The first payment will be made just prior to departure; the second payment will be in July and the final payment upon your return and submission of all required reports. These amounts are based upon 10 weeks overseas. **(Payments vary depending upon location).**

2. Change of Address Notification

Be sure the Program is advised of any address change. This will facilitate our communication with you regarding Program developments and your career decisions.

You may reach the Program Office from 8:30 AM - 5:00 PM, Monday-Friday at (714) 278-5263.

3. Living Quarters, Subsistence and Transportation Arrangements

The MHIRT Program will arrange living accommodations at the foreign site. The program will provide funds for living expenses (lodging) and a food allowance before you leave. You are responsible for using these funds to pay for your expenses. You will receive up to \$2500 **(depending upon location)** in two installments (one before you leave and one in early July).

Airline tickets will be issued about one month prior to scheduled departure. **The MHIRT Program will make travel arrangements and all participants must leave and return together.**

4. Work Hours and Days

You are expected to devote full-time for 10 weeks to your work in the laboratory (which may include some library work), and any seminars or ancillary meetings required by your research mentor. You may be expected to work some evenings or weekends as well, or attend cultural events as necessary. Local customs will be followed regarding work hours. There is no provision for overtime. If you wish to obtain elective credit for your summer research experience, advise the MARC or MBRS Director on **your** campus. The Director can provide any required documentation. You will be required to sign up for 1 unit of CHEM 295 at California State University, Fullerton before you leave.

5. Laboratory Assignments

Every effort is made to place you in a laboratory with a mentor whose area of research is of interest to yours. If you have any problems with the laboratory or mentor, immediately contact the program CSU faculty mentor who will accompany you to England and Thailand.

We want to make sure that you and your project are a good match and that you are enjoying yourself.

6. Summer Seminars Series

Prior to leaving for England, Argentina or Thailand you will be required to attend a Saturday workshop at CSU Fullerton to discuss practical details of your summer experience and to explore ethical aspects of scientific research. During the summer program, trainees will meet with the CSU faculty mentor frequently. These meetings will include discussions dealing with the practice of research, research design and methodology, as well as ethical conduct of research and health issues of concern to minorities or third world people.

7. Abstracts, Evaluations, Report and Attendance at Scientific Meetings

Each student will be required to submit a scientific abstract of his or her research project at the end of the training period. In addition, trainees must submit a minimum five-page double-spaced report on their research (exclusive of figures or tables) in the form of a scientific article. A minimum two-page report on an ethical issue, as well as a minimum two page report on a health issue of concern to minorities or their world people are also required. An additional two-page report should summarize their cultural experiences and include any suggestions for improving the MHIRT program. Both pre- and post-evaluation questionnaires will be administered and must be returned to the program office. In addition, each student is

expected to give an oral presentation about their research at their campus in the fall and a poster at a spring research symposium at CSU Fullerton or UCI.

Students and mentors are encouraged to submit abstracts to national scientific meetings.

8. Follow-Up

We will maintain contact with you for a minimum period of five years to determine to what extent this program has contributed to your eventual career choice. The questionnaire will be forwarded to your permanent address. Therefore, please keep us aware of any changes in your permanent and mailing addresses. Again, your responses are used to evaluate and improve the program. We appreciate in advance your participation in this follow-up.

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THIS FORM MUST BE TYPED

DUE DATE: February 10 2007

APPLICATION FORM

Name:

Telephone: ()

Birth Date:

Permanent Telephone if different ()

E-mail Address:

Address:

City:

State:

Zip:

Permanent (Home) Address (if different):

Name & Address & Phone # of someone that can reach you at all times:

Name

Address

Phone #

COLLEGES ATTENDED:

A)	Name:	Location	Dates Attended
	Degree Objective	Degree Obtained	Major
	Name	Location	Dates Attended
	Degree Objective	Degree Obtained	Major

On a separate sheet(s) of paper, please type answers to questions 1 through 4, include a heading for each and **DO NOT EXCEED THREE PAGES TOTAL FOR THESE QUESTIONS.**

1. What are your honors, hobbies, special interests, work experiences?
2. Please describe your past research experiences, with whom you worked and list any publications. How much research experience have you had (years)?
3. Briefly tell us about yourself, explain why you decided to apply to this program and how you expect that the experience of doing research in England, or Thailand might help your career development.
4. Are there any circumstances, financial or social, which you believe require consideration?
5. Please type an essay on the role that biomedical research will play in your future.
6. Please list by preference the country you would like to do research:

Countries: 1st Choice:

2nd Choice:

Please list six research descriptions that interest you in order of preference. Indicate the name of the PI and the campus. You must list at least 3 different campuses (e.g. King's College, Guy's Hospital, Cambridge, etc). Please consult the LA Basin CSU MHIRT Project Guide, available from your campus MBRS or MARC Director

Institution	Country	Lab/Professor
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

If all of your choices are in the same country, would you be willing to go to another country?
Yes _____ No _____

List for the 2nd country the institution and name of professor in order of preference.

Country: _____

- | | |
|----------|----------|
| A. _____ | D. _____ |
| B. _____ | E. _____ |
| C. _____ | F. _____ |

7. Please list the names of the two references who will be completing the Faculty Recommendations Forms. You may submit an additional letter of recommendation if you wish.

A.	_____	B.	_____
	(Name)		(Name)
	_____		_____
	(Title)		(Title)
	_____		_____
	(Address)		(Address)
	_____		_____
	(Address)		(Address)
	_____		_____
	(Address)		(Address)
	_____		_____
	(City/State/Zip)		(City/State/Zip)
	_____		_____
	(Telephone)		(Telephone)

8. Ethnic Identification:

- African American
- Native American
- Hispanic (please specify)
- Pacific Islander (please specify)
- Other

9. If you do not belong to one of these ethnic groups, you may be eligible for one of our other undergraduate programs. Please inquire.

- a) Are you a U.S. citizen? Yes No
- b) If you are not a U.S. citizen, are you a permanent resident? Yes No
- c) What type of visa do you hold? _____
- d) What is your visa status? _____
- e) What is your registration number? _____

10. Current class status:

- Freshman Sophomore Junior
- Senior, but with an additional year before graduation. Graduate student

If you are a graduating senior, what are your plans for next year?

11. What is your major?

Chemistry other _____

Biochemist Biology

12. Are you applying to Ph.D. ___ MD/Ph.D. ___ MD ___Master's ___Other _____(please specify)

If you have any questions, please contact your campus MARC or MSD Director or the LA Basin MHIRT Director:

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DUE DATE: February 10, 2007

PLEASE TYPE THIS FORM

FACULTY RECOMMENDATION FORM

DEAR FACULTY MEMBER: We would appreciate your candid evaluation of the student listed below who is applying for a Minority Health and Health Disparities International Research Training Program (MHIRT) award. Your comments will be held confidential. This form is due on February 10, 2007. Your prompt response will be appreciated since incomplete applications will not be evaluated. Please confine your evaluation to this form. **THANK YOU IN ADVANCE FOR YOUR TIME AND COOPERATION.** (Mail the completed form to the address above; please do **NOT** return the form to the student).

1. Student's Name: _____
2. Faculty Member: _____
Institution: _____ Department: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone No. () _____
3. Approximately how long have you known this applicant? _____
4. How well are you acquainted with the applicant as a person?
Very well _____ Well _____ Marginally _____
5. How well are you acquainted with the quality of his/her work?
Very well _____ Well _____ Marginally _____
6. In which course(s) have you had the applicant as a student? _____

7. Please rate the student by checking the appropriate areas below

	Unknown	Lower 50%	Upper 50%-25%	Upper 25%-10%	Upper 10%-3%	Upper 3%
Intellectual ability						
Academic ability						
Integrative and learning ability for understanding concepts						
Creativity						
Interest/Enthusiasm						
Perseverance						
Laboratory techniques						
Social adaptability						

(Use this space if you would like to qualify any rating given in No.7)

8. Why do you feel that this applicant would benefit from a research experience? (The PURPOSE of the MHIRT Program is to broaden cultural perspectives and encourage gifted students who are from health disparities populations and/or are underrepresented in basic science, biomedical, clinical or behavioral health research career fields to consider a research career in the biomedical/behavioral sciences in a doctoral degree-granting program or as part of a Ph.D., MD program).

9. To your knowledge, are there any special circumstances, financial, social or otherwise, which you believe require consideration?

Signature: _____ Date: _____

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1. Student's Name: _____
2. Faculty Member: _____
Institution: _____ Department: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone No. () _____
3. Approximately how long have you known this applicant? _____
4. How well are you acquainted with the applicant as a person?
Very well _____ Well _____ Marginally _____
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Very well _____ Well _____ Marginally _____
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9. To your knowledge, are there any special circumstances, financial, social or otherwise, which you believe require consideration?

Signature: _____ Date: _____