

**APPLICATION FOR THE IOWA SUMMER TRAINING PROGRAM
IN CANCER RESEARCH (STP)**

The Iowa STP is a collaboration between the University of Iowa and participating academic institutions designed to provide research opportunities for underrepresented minority undergraduate students. As identified by the National Institutes of Health underrepresented populations include: Black/African American, Hispanic/Latino, Native American, Native Alaskan/Hawaiian, Pacific Islander, and First Generation College. The research will be carried out in the laboratories of faculty at the University of Iowa and will expose students to the science of cancer.

HOW TO APPLY: Fill out this application and return it to the address provided on page 2 along with:

1. an official transcript
2. a full statement of research and professional interests
3. two academic letters of recommendation.

Applications are due January 18, 2019

Name: _____
LAST FIRST M.I.

Major area(s) of study: _____

When do you plan to graduate (month and year)? _____

Current grade point average: _____ GPA in Major: _____ Year in School: _____

Current (Campus) Address

E-mail Address: _____

Mailing address: _____
STREET ADDRESS APT/MAILBOX #

CITY STATE ZIP CODE

Area Code and Phone Numbers:

(_____) _____ (_____) _____
DAY EVENING (if different)

Birth Date: _____

Citizenship: ____ U.S. Citizen ____ U.S. Permanent Resident _____ Country of Citizenship (if perm. res.)

Gender (optional): ____ Female ____ Male

Please self-identify your underrepresented status (see list at top of page): _____

Permanent (Home) Address

Mailing address: _____
STREET ADDRESS APT/MAILBOX #

CITY STATE ZIP CODE

Area Code and Phone Number:

(_____) _____

Family Contact: Name _____ Phone Number _____

Clearly describe the research area(s) of interest in which you would like to work at The University Iowa this summer: (for example – immunology, molecular biology, gene therapy, free radical biology, epidemiology). You may use the research descriptions provided by participating University of Iowa faculty included in the program brochure.

List the top three laboratories, in order of preference, that you would like perform the summer research:
Please list name of mentor.

1. _____ 2. _____ 3. _____.

List any prior research experience you have:

What is your present level of commitment in pursuing a career in research or medicine? Please describe:

Release of Information: I grant permission to the Directors of the University of Iowa's STP to obtain pertinent information regarding my academic performance. This may include official transcripts and recommendations from faculty at your academic institution.

Signature

Date

Please return this form to:

Dr. Edith Porter
Department of Biological Sciences
ASCL 355
California State University – Los Angeles