

NORTH AMERICAN SOCIETY FOR PEDIATRIC GASTROENTEROLOGY, HEPATOLOGY AND  
NUTRITION  
MEDICAL STUDENT MENTORED SUMMER RESEARCH FELLOWSHIP APPLICATION

Application Deadline is March 15, 2015

**I. STUDENT INFORMATION**

Name:

Medical School

Academic Year:

Medical School  
Location City:

State:

Mailing Address:

Phone #:

Email Address:

Social Security #:

Birth Date:

Education (begin with baccalaureate):

Institution & Location  
GPA

Degree, Year

Major

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Honors & Awards:

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Major Career Interests:

Describe any research and professional experience. List any abstracts or publications.

## **II. RESEARCH PROPOSAL**

Use the following format. Your proposal should be at least 3, but not more than 5, pages, single-spaced

**Title**

**Background & Significance**

**Hypothesis**

**Specific Aims**

**Methods**

**Plans for Data Analysis, Possible Results and Interpretations**

**References**

**III. MENTOR PORTION OF APPLICATION**

Name:

Medical School Affiliation:

Department & Division

Address:

Phone:

Email:

**DOCUMENTATION of PRODUCTIVITY:**

-Attach NIH Biosketch or CV

**PREVIOUS MENTORSHIP EXPERIENCE:** Describe previous experience in mentoring medical students and other trainees.

**PROJECT FUNDING:** Describe the funding available to support the student’s project.

**TRAINING ENVIRONMENT:** Describe the nature and frequency of your planned, direct interaction with the student. Identify individuals who will participate in the student's technical and scientific training. Describe conferences and lab meetings the student will attend. Describe the facilities and resources available for the proposed project in your lab or elsewhere. (The space expands as needed; use up to 1.5 pages.)

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If the proposed project involves radioisotopes, vertebrate animals, or human subjects or material; provide the following relevant information. ***\*\*Pending authorizations must be approved by May 15, 2015.\*\****

Radiation Safety

Approval Date:

Authorized User:

AU #:

Institutional Animal Care and Use:

Approval Date:

Principle Investigator:

IACUC Protocol #:

Title of IACUC Protocol:

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Institutional Review Board

Approval Date:

Principal Investigator:

IRB Protocol #:

Title of IRB Protocol:

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